Case 4:25-cv-00911-DMR Doc	ument 1 Filed 01/28/25 Page 1 of 500	
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MICHAEL DARDEN 1801 Shore Line Drive		
Apartment 307 Alameda, CA 94501 917-868-8780	FILED Fe	
mad2255@tc.columbia.edu Self-Represented Plaintiff	JAN 28 2025	
	CLERK, U.S. DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA	
	& CALIFORNIA	
IN THE UNIT	ED STATES DISTRICT COURT	
	HERN DISTRICT OF CALIFORNIA PART 1 of	
OA	OAKLAND DIVISION DM	
MOULE DARDEN) Case No. C25-00911	
MICHAEL DARDEN, Plaintiff.	DISABILITY PAYMENTS RELIEF	
v.	COMPLAINT (ERISA)	
ANTHEM BLUE CROSS LIFE AND HEA	ALTH {	
INSURANCE COMPANY (Long-Term Di	<u> </u>	
(LTD) Plan)/ELEVANCE HEALTH, a Geo	orgia)	
Defendant.	}	
	}	
	{	
	}	
	}	
	}	
	7. ANTHEM ELEVANCE LTD ` MENTS RELIEF COMPLAINT (ERISA)	

JURISDICTION

1. Plaintiff brings this action for monetary relief pursuant to Employee Retirement Income Security Act of 1974 (ERISA) § 502 (a) (1) (B), 29 United States Code (U.S.C.) § 1132 (a) (1). This Court has subject matter jurisdiction over Plaintiff's claims pursuant to ERISA §§ 502 (e) and (f), 29 U.S.C. §§ 1132 (e) and (f), and 28 U.S.C. § 1331.

VENUE

2. Venue lies in the Northern District of California pursuant to ERISA § 502 (e) (2), 29 U.S.C. § 1132 (e) (2), because the Defendant Anthem Blue Cross Life and Health Insurance Company (Long-Term Disability (LTD) Plan)/Elevance Health (Anthem Elevance LTD)'s Long-Term Disability Plan is administered in this District, the improper claim denial and breaches alleged took place in this District, and Defendants may be found in this District.

INTRADISTRICT ASSIGNMENT

3. This lawsuit should get assigned to the Court's Oakland Division because a substantial portion of events or omissions which give rise to this lawsuit occurred in Alameda County.

PARTIES

- 4. At all relevant times, Plaintiff Michael A. Darden has been a participant of Anthem Elevance's LTD Plan, as defined by ERISA § 3 (7), 29 U.S.C. § 1002 (7). Mr. Darden resides in Alameda, California.
- 5. Defendant Anthem Elevance's LTD Plan is an employee welfare benefit plan as defined by the Employee Retirement Income Security Act of 1974 ("ERISA") § 3 (3), 29 U.S.C. § 1002 (3). At all relevant times, Anthem Elevance's LTD Plan provided disability benefits (i.e., monthly payments) to "Plan Sponsor," Nuro, Inc.'s employees, including Mr. Darden, a former Nuro

 employee. (Exhibit 1a, Anthem LTD Plan's Insurance Certificate (Certificate) at pp. 13-76¹.) Nuro is a California Corporation.

- 6. Defendant Anthem Elevance's LTD Plan is the Plan Administrator within the meaning of ERISA § 3 (16) (A), 29 U.S.C. § 1002 (16) (A). (And see Exhibit 1a, Certificate at pp. 21, 25, 29, 30-32, 66-68.)
- 7. Defendant Anthem Elevance LTD is a Georgia Corporation. Anthem Elevance LTD is a "fiduciary" of Anthem Elevance's LTD Plan within the meaning of ERISA § 3 (21), 29 U.S.C. § 1002 (21), in that it exercises authority or control respecting management or disposition of the Plan's assets, it exercises discretionary authority or discretionary control respecting management of the Plan, and/or it has discretionary authority or discretionary responsibility in the administration of the Plan. (And see Exhibit 1a, Certificate at pp. 21, 25, 29, 30-32, 66-68.)

FACTS

- 8. Michael Darden was a Nuro employee in 2020 and 2021. (Exhibit 1b, Job Offer Letter; Exhibit 2, Disability Leave Approval (Kenneth Keough, Psychotherapist).)
- 9. Around or on April 15, 2021, Psychotherapist Kenneth Keough signed Mr. Darden out of work at Nuro on Psychological Disability Leave, and Mr. Darden received biweekly Short-Term Disability (STD) Payments from California between approximately April 2021-July 2021. (Exhibit 2, Disability Leave Approval; Exhibit 3, Emanuel Vergis and John Gillian Doctor's Certifications, California Disability Payments; Exhibit 4, California's STD-Disability Payments Account.)

¹ Throughout, except for caselaw precedent page-number citations, page number (including respective, Exhibit page number) citations are to this "Complaint" document's own (and no other document's) upper-righthand page numbers (e.g., "p. 16" refers to this "Complaint" document's own "p. 16.").

- 10. Around April 2021, Plaintiff Mr. Darden applied for and received through Plaintiff Darden's employer Nuro's insurer Anthem Elevance, Short-Term Disability, monthly STD Payments between approximately April 2021-July 2021. (Exhibit 5, Anthem Short-Term Disability Correspondence.)
- 11. Michael Darden applied for and received from his employer Nuro's insurer Anthem LTD, monthly Long-Term Disability (LTD) payments for his *psychological disability*, from approximately July 2021-July 2023, per the December 20, 2021, Disability Claim "Approved" Letter that Anthem emailed to Darden. (Exhibit 6, Anthem Psychological, LTD-Claim Application and Approval Correspondence.)
- 12. Michael Darden in or around September 2022, again applied to, but instead not until July 2023

 (approximately eleven (11) months, or about 300 days, later) received a rejection from, his former employer Nuro's insurer, Anthem LTD: Although Mr. Darden then applied to Anthem in order to receive monthly payment from Anthem LTD for his physical or medical disability claim, Anthem declined that claim application. (Exhibit 1a, Certificate at pp. 38, 66-68

 ("ERISA Information [-] The following statement is required by federal law and regulation:...

 ERISA was signed into law to provide additional protection of your rights under this plan...A decision for a disability claim will be made by Anthem Blue Cross Life and Health within 45 days of the date the claim is filed. Under special circumstances, this decision may take up to another 60 days. You will be notified and the reason for the delay will be explained to you."

 (emphasis added).); Exhibit 7, Anthem Physical or Medical LTD-Claim Application, Denial and Appeal Correspondence.)
- 13. Defendant Anthem Elevance's decision to deny Plaintiff Michael Darden's physical-disability claim application was "imprope[r]," "arbitrary and capricious" and an ""abuse of discretion,"" given that Anthem is an administrator or (as previously mentioned) a "fiduciary" concerning

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Plaintiff's employer Nuro's Disability Insurance Plan. (Exhibit 7; Miller v. Metropolitan Life Ins. Co. (1991) 925 F.2d 979, 984 (Miller) ("[A]n ERISA benefit plan administrator's decisions on eligibility for benefits are not arbitrary and capricious if they are 'rational in light of the plan's provisions."); Metropolitan Life Ins. Co. v. Glenn (2008) 128 S.Ct. 2343, 2347-2348, 2360 (Metropolitan Life Ins. Co.) ("If 'a benefit plan gives discretion to an administrator or fiduciary² who is operating under a conflict of interest [i.e., Defendant disability-insurance administrator had "authori[ty] both to decide whether an employee is eligible for benefits and to pay those benefits"], that conflict must be weighed as a "factor in determining whether there is an abuse of discretion."" (italics in original); (dissent dicta, Justices Scalia and Thomas) "[U]nreasonableness alone suffices to establish an abuse of discretion... A reasonable decision is one over which reasonable minds seeking the 'best' or 'right' answer could disagree. It is a course that a [Plan administrator] acting in the best interest of the beneficiary might have chosen." (italics in original)); Vest v. Nissan Supplemental Executive Retirement Plan II No. 3:19-cv-01021 (M.D. Tenn. August 29, 2022) (unpublished) (Vest 2022) (Concerning a Defendant-employer's "ERISA [retirement] plan," but analogously in the instant case: "[In its Benefit Plan, Defendant] cannot simply conjure up a ground for [Claim denial] not included in the Plan [Documentation]...Had Defendants wanted to include [a] purported requirement as grounds for [Claim denial], Defendants could and should have included such a requirement. They did not... Thus, [Defendants' decision to deny Plaintiff's claim to receive Plan benefits] was incorrect..."); Vest v. Nissan Supplemental Executive Retirement Plan II No. 3:19-cv-01021 (M.D. Tenn. December 28, 2020) (unpublished) (Vest 2020) (Concerning as well the earlier indicated Defendant-employer's "ERISA [retirement] Plan," but analogously in the instant case too: "...Defendants simply were not following their Claims Procedure, but rather were injecting unwarranted steps [or, as here, apparently given internal, Anthem dysfunction (briefly described

² ERISA § 404 (a), 29 U.S.C. § 1104 (a), requires that a fiduciary discharge his or her duties with respect to a [Benefit] plan solely in the interest of the participants and beneficiaries and for the exclusive purpose of providing benefits to participants and their beneficiaries and defraying reasonable expenses of administering the Plan.

later below and demonstrated in Exhibit 7 at pp. 218-638, 718-815), 'injecting' multiple (at least three (3)) review processes] into the procedure that served to delay [Defendants' Claim Procedure's completion. In particular,... Defendants [as here] apparently ignored the time frames set out [or here too, that ERISA 'required' as 'more beneficial to [Plaintiff]'] in [Defendant's] own Claims Procedure..., which states that '[a claim review decision] shall be made no later than 60 days after [Defendants receive a claim review request]...From the Plan language, there is no indication that this time period may or should be stayed or otherwise postponed...."); Black & Decker Disability Plan v. Nord (2003) 538 U.S. 822, 825, 833-834 (Black & Decker Disability Plan) (Although "plan administrators are not obliged to accord special deference to the opinions of [a Plaintiff's] treating physicians... '[T]he validity of a claim to benefits under an ERISA plan,' on the other hand, 'is likely to turn,' in large part, 'on the interpretation of terms in the plan at issue'... [While it] is the [United States] Secretary of Labor's view that ERISA is best served by 'preserv[ing] the greatest flexibility possible for...prudent administration of a plan'... Plan administrators, of course, may not arbitrarily refuse to credit a claimant's reliable evidence, including the opinions of a treating physician."); Certificate at pp. 21, 38, 66-68.) Indeed, Defendants' hired physician-consultants based Anthem's Darden, Physical-Claim Denial decision upon several incorrect conclusions. (Ibid. (Exhibit 7 at pp. 588-613 (Dr. Patricia Maska, 12/9/2022 and 2/9/2023 Notes); pp. 621-625, 626-630, 632-638 (Anthem 7/27/23, Physical-Claim Denial Correspondence)); pp. 850-878 (Anthem 9/7/23, Physical-Claim, Appeal Denial Correspondence)).) One conclusion occurred "purported[ly]" because Darden apparently received negative (favorable) or "normal" results on machine tests regarding his nevertheless ongoing or "constant," vestibular migraine symptoms (i.e., dizziness, typically ranging from 6/10 - 8/10 in "Severity"). (*Ibid.* (Exhibit 7 at pp. 328-339 (Dr. Jeffrey Sharon, 1/31/23 Notes)).) Another conclusion occurred because Plaintiff's physician Dr. Maska, a neurologist, appeared to observe some improvement of Plaintiff Darden's mentioned symptoms when Plaintiff had (in February 2023) begun to take Topamax (Topiramate) medication, a treatment which (during Defendant Anthem's Physicians' approximately July 2023 and also September 2023 so-called "review[s]") Defendant Anthem's

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physicians in addition failed to inquire further about and confirm if said purported outcome was still true for, or if Topamax was even tolerable by, Darden: Indeed, Plaintiff Darden, as of April 2024, no longer takes Topamax, given that his migraine symptoms ultimately did not consistently improve or remain at a better and acceptable level while he took that medication, and Plaintiff Darden also ultimately claimed he could not tolerate Topamax's "Common" side effects—"Confusion," "Impaired cognition," "Memory impairment." (Ibid.; Exhibit 8 at pp. 978-994 (Dr. Mai, 04/2024 Notes).)³ Meanwhile, Defendant Anthem's hired physicianconsultants used the discussed conclusions to decide "incorrect[ly]" that Plaintiff Michael Darden therefore did not provide Anthem's physicians sufficient "evidence" to support Plaintiff's claim that his vestibular migraines made him physically disabled, and also Darden did not provide Anthem's physicians sufficient "evidence" to support his claim that consequently Plaintiff Darden "could not" under any conditions "work full-time." (Ibid.) This is despite that fact that, as Darden had informed Defendant Anthem, both the United States' and California's governments respectively have declared Plaintiff Michael Darden permanently psychologically (i.e., "mental[ly]") and physically disabled. (Ibid. (Exhibit 7 at pp. 533-568, 680-686 California Disability Determination – Michael Darden; pp. 221-242, 573-584, US (Dept. of Education) Disability Determination – M. Darden; pp. 917-920, US (Social Security Disability Insurance (SSDI)) Disability Determination - M. Darden.; Ball v. Blue Cross and Blue Shield Association Nov. 4:06-cv-2. (W.D. Mich. January 23, 2007) (unpublished) (Ball) (While "a determination that a claimant is disabled under the Social Security regulations [i.e., SSDI] does not require an ERISA plan administrator to reach the same conclusion...[Courts will determine if there is] a reasonable basis for [a Defendant, Disability-Benefits Plan Administrator's] denial of [a Plaintiff's] claim for benefits."); Exhibit 1a, Certificate at pp. 21, 25, 29, 30-32, 38, 66-68 ("Coverage Provisions...Definition of Disability and Disabled for Long Term Disability [-] You will be considered disabled if You meet the definition of Total Disability...included below:

³ During February 2023-October 2023 (<u>an estimated eight (8)-month period</u>), due to financial and other difficulties, as Plaintiff Michael Darden alerted Anthem staff and Plaintiff Darden's providers, Darden was unable to afford health insurance or medicines such as Topamax and therefore was unable to consistently take these medications then. (*Ibid.*; **Exhibit 7** at pp. 621-638, 719-815; **Exhibit 8**.)

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Total Disability means that:...following the first 24 months of disability benefits, as a result of Illness or Injury, You are not able to engage with *reasonable* continuity in any occupation in which You could *reasonably* be expected to perform satisfactorily in light of Your age, education, training, experience, station in life, and physical and mental capacity." (boldface in original; italics added).)

- 14. Importantly, Plaintiff's physicians and providers (Sharon, Maska, Vergis, Centore) also performed personal or physical (non-machine) tests regarding Plaintiff Michael Darden's vestibular migraine symptoms. (Exhibit 7 at pp. 328-339, 589-613, 569-584.) Based upon those test results, Plaintiff Darden's physicians and providers diagnosed him with a chronic, "intractable," vestibular migraine condition, a fact which Defendant Anthem's hired physician-consultants ignored but which nevertheless "reasonably" and in fact "rational[ly]" supports Darden's claim that Michael Darden's chronic, vestibular migraine condition made him physically disabled and not able to work. (*Ibid.*; Exhibit 7 at pp. 38, 621-638, 825-826, 852-880; *Ball* Nov. 4:06-cv-2.; *Miller* 925 F.2d 984; *Metropolitan Life Ins. Co.* 128 S.Ct. 2347-2348, 2360; *Black & Decker Disability Plan* 538 U.S. 825, 833-834.)
- 15. Instead, to reiterate, the Anthem Defendants prohibitively "conjure[d] up" undocumented Plan terms—e.g., "sedentary occupation" (i.e., "...clinical information does not indicate that you [Mr. Darden] could not do a sedentary occupation")—to attempt to make Defendant's otherwise "arbitrar[y]" denial of Plaintiff's "reasonable," physical disability claim appear "rational." (Vest No. 3:19-cv-01021 2022; Exhibit 7 at pp. 38, 218-638, 632-634; Black & Decker Disability Plan 538 U.S. 825, 833-834; Metropolitan Life Ins. Co. 128 S.Ct. 2347-2348, (dissent) 2360; Miller 925 F.2d 9.)
- 16. And, to reiterate too, the Anthem Defendants prohibitively "conjure[d] up" additional, undocumented Plan terms—e.g., Beneficiaries will receive a disability-claim decision response apparently in about 300 days, when compared with "ERISA['s]...required...within 45 days of

the date the claim is filed" deadline ("[u]nder special circumstances, ...another 60 days" deadline)—therefore, note these further "arbitrar[y]," Plan term "conjur[ings]" that are neither "reasonable" nor "rational" (indeed, the facts Plaintiff Michael Darden alleges here demonstrate "Defendan[t] simply [was] not following their [Plan's] Claims Procedure [and] ignored the time frames set out [which ERISA 'required' as 'more beneficial to [Plaintiff]'] in [Defendant's] own Claims Procedure..."), yet as the previous discussion indicates: "Had Defendants wanted to include [the discussed, 'conjure[d] up' terms in their Anthem, Disability Insurance Plan], Defendants could and should have included such [terms]. They did not...Thus, [Defendant's decision to deny Plaintiff's claim to receive Disability Plan benefits] was incorrect...." and even "impruden[t]." (Vest No. 3:19-cv-01021 2022; Exhibit 7 at pp. 38, 66-68, 218-638, 632-634, 718-815; Black & Decker Disability Plan 538 U.S. 825, 833-834; Metropolitan Life Ins. Co. 128 S.Ct. 2347-2348, (dissent) 2360; Miller 925 F.2d 9; Vest No. 3:19-cv-01021 2020; 29 Code of Federal Regulations (C.F.R.) § 2560.503-1 (a)-(b), (h)-(i), (l), (p) (4) (ii).)

- 17. Consequently, 29 C.F.R. § 2560.503-1 (*l*) deems that given the previously alleged facts, Plaintiff Michael Darden has exhausted Plaintiff Darden's administrative remedies in this case. (*Ibid.*)
- 18. And also given the previously alleged facts, Darden Requests that this Court to Award to Plaintiff from Defendant Anthem Elevance LTD *both* "prejudgment interest" ("measured 'from the date that [Plaintiff] was entitled to have [his] benefits paid to the date of the Court's judgment") and "postjudgment interest" ("measured 'from the date of the Court's judgment to the date that the benefits are paid.") (*Ibid.*; (*Vest* No. 3:19-cv-01021 2022 ("Awarding prejudgment interest in this matter would incentivize Defendan[t] to conduct themselves in a manner that accords with the procedures set forth in the Plan for evaluating one's eligibility for

⁴ According to Anthem Elevance's LTD Plan, for Plaintiff Michael Darden's permanent physical disability, Plaintiff Darden is due monthly benefits payments from the Plan until July 2033, the year in which Darden would be "67 years [old]." (Exhibit 7 at pp. 21-24.)

benefits"; "[Federal] district courts are required to award postjudgment interest...on 'all money judgments,' including those in ERISA cases.")

CLAIM FOR RELIEF

[Claim for Benefits Pursuant to ERISA § 502 (a) (1) (B), 29 U.S.C. § 1132 (a) (1) (B) Against Defendant Anthem Elevance LTD]

- 19. Plaintiff Michael Darden incorporates Paragraphs 1 through 18 fully here.
- 20. ERISA § 502 (a) (1) (B), 29 U.S.C. § 1132 (a) (1) (B), permits Plaintiff Darden, a plan beneficiary, to bring a civil action to recover benefits due to him under the terms of a plan, to enforce his rights under the terms of a plan, or to clarify his rights to future benefits under the terms of a plan.
- 21. Per the prior discussion, because Plaintiff Michael Darden in his mentioned 2022 Application to Defendant Anthem LTD timely presented Anthem LTD with a claim that he suffered from said physical disability which reasonably prevented him from engaging in full-time or any employment, but Defendant Anthem, in addition to failing to follow Anthem's Disability Insurance Plan's own claim decision Procedures, arbitrarily and capriciously, and therefore unreasonably, denied Darden's physical benefits claim, Plaintiff Darden has entitlement to a monthly, disability benefit payment under the terms of Anthem Elevance LTD's Disability Insurance Plan.

PRAYER FOR RELIEF

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WHEREFORE, Plaintiff Michael Darden Prays that the Court Grants the following Relief:

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Dated: January 28, 2025

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A. Declare that Defendant Anthem Elevance has violated the terms of Anthem's LTD Plan by failing to pay Plaintiff Darden a monthly, physical disability benefit under the Plan's terms;

- B. Order that Anthem Elevance LTD's Plan pay Darden a monthly benefit for the period from July 2023 through the date of judgment herein, plus prejudgment interest thereon and postjudgment interest as specified earlier;
- C. Declare Mr. Darden's entitlement to monthly, Plan benefits payments until July 2033 (a total of \$576,000.00 approximately);
- D. Declare that Anthem's LTD Plan has no entitlement to recoup any overpayment to Plaintiff that the Plan's Administrator's described failures have caused.
- E. Provide such other relief as the Court deems equitable and just.

Respectfully,

MICHAEL A. DARDEN

Michael A. Darden

Self-Represented Plaintiff



Long Term Disability Insurance

A guide to your benefits

You've made a good decision in choosing Anthem® Blue Cross Life and Health Insurance Company

Plan Sponsor: NURO INC

Policy: 281837

Class: 01

Class Description: ALL ELIGIBLE EMPLOYEES

Effective Date: JULY 1, 2018

NOTE: If You are 65 years or older at the time Your Certificate is issued, You may examine your certificate and, within 30 days, decide to cancel and request a refund of premiums paid.

anthem.com/ca

Life and Disability products underwritten by Anthem Blue Cross Life and Health Insurance Company, an independent licensee of the Blue Cross Association.

**ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross name and symbol are registered marks of the Blue Cross Association.

Benefits Guide

Section Contents

Section I. - Your Certificate of Coverage

Section II. - ERISA Information

Section III. – Notice of Privacy Practices

Section IV. - Value Added Services

Note: The Value Added additional services and the Notice of Privacy Practices are not a part of Your Certificate of Coverage and do not modify your insured benefits.

The Value Added Services are provided based on negotiated agreements between the insurance company and certain service providers. Although the insurance company endeavors to make these services available to all policyholders and certificateholders as described below, modifications to Our agreements with service providers may require that services be periodically modified or terminated. Such modification or termination of services may be made based on cost to the insurer, availability of services, or other business reasons at the discretion of the insurer or service providers.

1.	. Resource Advisor	
2.	SpecialOffers@Anthem	

This Group, on behalf of itself and its participants, hereby expressly acknowledges its understanding this policy constitutes a contract solely between this Group and Anthem Blue Cross Life and Health Insurance Company, which is an independent corporation operating under a license from the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans, (the "Association") permitting Anthem Blue Cross Life and Health Insurance Company to use the Blue Cross and/or Blue Shield Service Mark in California and that Anthem Blue Cross Life and Health Insurance Company is not contracting as the agent of the Association. This Group further acknowledges and agrees that it has not entered into this policy based upon representations by any person other than Anthem Blue Cross Life and Health Insurance Company and that no person, entity, or organization other than Anthem Blue Cross Life and Health Insurance Company shall be held accountable or liable to this Group for any of Anthem Blue Cross Life and Health Insurance Company's obligations to the Group created under this policy. This paragraph shall not create any additional obligations whatsoever on the part of Anthem Blue Cross Life and Health Insurance Company other than those obligations created under other provisions of this agreement.

ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY DISABILITY INCOME INSURANCE REQUIRED DISCLOSURE STATEMENT

The following paragraph is included in the disclosure if the plan has a pre-existing condition exclusion.

This policy contains a pre-existing condition exclusion. A pre-existing condition is a condition for which medical advice was given, treatment was recommended by or received from a physician within the number of months specified in Your booklet prior to Your becoming insured under this Policy. Please see the Exclusions section for important details.

This Policy does not pay benefits for any disability which is related to any of the following, or for any of the following specified periods: (1) an act of war, declared or undeclared, whether civil or international; (2) service in the armed forces, military reserves or National Guard of any country or international authority, or in a civilian unit serving with such forces; (3) any attempt at suicide or intentionally self-inflicted injury, while sane or insane; (4) active participation in a riot, insurrection, or terrorist activity; (5) committing or attempting to commit a felony; (6) being intoxicated, as defined by the iurisdiction where the disability or loss occurred; (7) voluntary intake of any drug, unless prescribed or administered by a physician and taken in accordance with the physician's instructions; (8) engaging in an illegal occupation; (9) any illness or injury arising in the course of any occupation or employment for which you receive benefits under any Workers' Compensation Act or similar law, if applicable; (10) any period You are not under the regular care of a physician, or You or Your physician unreasonably fail to provide Proof of continuing Disability, or any medical or any psychiatric records which We request: (11) for a mental disorder, any period during which You are not under the continuing regular care of an appropriate specialist in psychiatric care; with respect to alcoholism and drug addiction, any period during which You are not being actively supervised by and receiving continuing treatment from a rehabilitation center or a designated institution approved for such treatment by an appropriate body in the governing jurisdiction, or, if none, by Us; (12) You have applied for benefits under fraudulent circumstances and these circumstances resulted in a conviction of fraud; (13) You unreasonably fail to submit to an independent medical exam requested by Us; and (14) cosmetic or reconstructive surgery, except for complications arising from such surgery, or surgery necessary to correct a deformity caused by illness or accidental injury.

The following paragraph is included in the disclosure if the plan has a limitation for mental illness, alcoholism, or drug addiction.

This Policy limits benefit payments for mental illness, alcoholism and drug addiction to 24 months.

DLS B 0713 C LTD Certificate 3

The following paragraph is included in the disclosure if the plan states the benefit is reduced by certain deductible sources of income.

This Policy reduces by any of the following deductible sources of income: (1) the amount You receive or are eligible to receive under a workers compensation law, occupational disease law, or any other act or law with similar intent; (2) the amount You receive or are eligible to receive as disability income payments under any state compulsory benefit act or law, governmental retirement system as a result of Your employment with the Plan Sponsor, Veteran's Administration or other foreign or domestic governmental agency, automobile liability insurance policy, individual disability income plan which is wholly or partially paid for by the Plan Sponsor, other group insurance plan, or any plan or arrangement of disability coverage, whether insured or not, resulting from Your employment or association with the Plan Sponsor or any employer, or resulting from Your membership in or association with any group, association, union or other organization; (3a) the amount that You, Your spouse and children receive, or are eligible to receive as disability payments because of Your disability under the United States Social Security Act, the Canada Pension Plan, the Quebec Pension plan, or any similar plan or act; (3b) the amount that You receive, or are eligible to receive, as retirement payments, or the amount Your spouse and children receive as retirement payments because You are receiving retirement payments under the United States Social Security Act, the Canada Pension Plan, the Quebec Pension Plan, or any similar plan or act; (4) the amount that You receive as disability payments under the Plan Sponsor's retirement plan, voluntarily elect to receive as retirement payments under the Plan Sponsor's retirement plan, or are eligible to receive as retirement payments when You reach the later of age 62 or normal retirement age, as defined in the Plan Sponsor's retirement plan; (5) the amount You receive as a result of any action brought under Title 46, United States Code Section 688 (The Jones Act); (6) the amount You receive from a third party (after subtracting attorney's fees) by judgment, settlement or otherwise; (7) the amount You receive under the mandatory portion of any "no-fault" motor vehicle plan; (8) the amount You receive under any salary continuation or accumulated sick leave plans; (9) commissions, severance allowance, sick pay or any similar employer sponsored paid time off plan where You receive income from the employer, vacation pay or any salary continuation plan. Any earnings from any work or employment may be used to reduce Your monthly benefit payment unless otherwise specified by the terms of the Policy; (10) any amounts from partnership, proprietorship draws, or similar draws.

The following paragraph is included in the disclosure if the plan has a termination age. This Policy terminates benefits at age 65 or Your normal retirement age under the 1983 amendments to the United States Social Security Act. Additional payments may be made in accordance with the maximum benefit period table found in Your booklet.

The above disclosure statement is a very brief summary of Your Policy.

The Policy itself sets forth the rights and obligations of both You and the insurance company. It is therefore important that You:

READ YOUR POLICY CAREFULLY

DLS B 0713 C 4 LTD Certificate

COMPLAINT NOTICE

Should you have any complaints or questions regarding your coverage, and this certificate was delivered by a broker, you should first contact the broker. You may also contact us at:

> Anthem Blue Cross Life and Health Insurance Company **Customer Service** 21555 Oxnard Street Woodland Hills, CA 91367

> > 1-818-234-2700

If the problem is not resolved, you may also contact the California Department of **Insurance at:**

> California Department of Insurance Claims Service Bureau, 11th Floor **300 South Spring Street** Los Angeles, California 90013

1-800-927-HELP (4357) - In California

1-213-897-8921 - Out of California

1-800-482-4833 – Telecommunication Device for the Deaf

E-mail Inquiry: "Consumer Services" link at www.insurance.ca.gov

Section I.

18

Your Certificate of Coverage

Long Term Disability Insurance

The Policy contains a Pre-Existing Conditions Exclusion. See the Exclusions section for important details.

The policy does not replace or affect the requirements for coverage by any Worker's Compensation or state disability insurance.

Anthem Blue Cross Life and Health Insurance Company

21555 Oxnard Street Woodland Hills, CA 91367 Phone: 818-234-2700

DLS B 0713 C

Introduction

Anthem Blue Cross Life and Health Insurance Company certifies that it has issued a Group Policy insuring certain eligible employees of the Plan Sponsor.

This Certificate describes the benefits provided as of the effective date. For purposes of effective dates and ending dates under the Policy, all days begin at 12:01 a.m. and end at 12:00 midnight at the Plan Sponsor's address.

Certain terms of the Group Policy which affect Your insurance are contained in the following pages. Anthem Blue Cross Life and Health has written this Certificate in plain English. However, a few terms and provisions are written as required by insurance law. Anthem Blue Cross Life and Health urges You to read Your Certificate carefully and keep it in a safe place.

If the terms and provisions of the Certificate (issued to You) are different from the Policy (issued to the Plan Sponsor), the Policy will govern. Your coverage may be cancelled or changed in whole or in part under the terms and provisions of the Policy.

The Group Policy was issued in the state of California. Its laws and rules will govern in resolving any questions about the Group Policy, except to the extent that the Policy may be governed by the Employee Retirement Income Security Act of 1974, as amended (ERISA).

While You remain insured, this booklet is Your Certificate of insurance. It replaces any prior booklet or Certificate given to You for the types of insurance described here. It is void and of no effect if You are not entitled to or have ceased to be entitled to the insurance coverage. Many of the provisions of this Certificate are interrelated, and You should read the entire Certificate to get a full understanding of Your coverage. This Certificate also contains exclusions, so please be sure to read this Certificate carefully.

> Anthem Blue Cross Life and Health Insurance Company 21555 Oxnard Street Woodland Hills, CA 91367

> > J. Brian Ternan President and CEO

J.BJ.

Fraud: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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Schedule of Benefits

About this Schedule

This Schedule of Benefits shows highlights of the coverage available under the Group Policy. Final interpretation of all provisions and coverages will be governed by the Group Policy on file with Anthem Blue Cross Life and Health Insurance Company at its Administrative Office.

Your amount of insurance is determined by this schedule.

Your Long Term Disability Benefits help to protect You from loss of income due to a Disability as defined under the Policy. Your Long Term Disability Benefits are subject to any limitations, maximums, exclusions and reductions under the Policy, including any reductions by Your Deductible Sources of Income. Refer to the Long Term Disability Insurance Benefits section for details about how Your Monthly Benefit Payment is calculated.

Long Term Disability Benefit

Benefit Percentage:

60%

Maximum Monthly Benefit:

\$8,000

Proof of Insurability is required for any amount for which application is received more than 31 days after the employee is initially eligible to purchase the insurance.

Minimum Monthly Benefit:

At no time will Your Monthly Benefit Payment be less than \$100 per month or 10% of the Gross Monthly Benefit amount, whichever is greater unless otherwise provided under the terms and conditions of the Policy.

Elimination Period: The longer of:

- until the expiration of any Employer sponsored short term disability benefits.

Maximum Benefit Period: If you are eligible for Long Term Disability Benefits under the Policy, We will send You a Monthly Benefit Payment each month up to the Maximum Benefit Period. Your Maximum Benefit Period is based on Your age at Disability as follows:

Social Security Normal Retirement Age duration (SSNRA)

For a disability which begins before You reach age 60, the Maximum Benefit Period will be until the Social Security Normal Retirement Age (SSNRA) as shown in the following table:

Year of Birth	*Social Security Normal Retirement Age
Before 1938	65 years
1938	65 years and 2 months
1939	65 years and 4 months
1940	65 years and 6 months
1941	65 years and 8 months
1942	65 years and 10 months
1943-1954	66 years
1955	66 years and 2 months
1956	66 years and 4 months
1957	66 years and 6 months
1958	66 years and 8 months
1959	66 years and 10 months
1960 and after	67 years

^{*} Age at which you are entitled to unreduced Social Security benefits based on the Social Security Amendments of 1983.

For a disability which starts on or after You reach age 60, the Maximum Benefit Period will be determined according to the following table:

Your Age When Disability Begins	Maximum Benefit Period
Less than age 60	To Social Security Normal Retirement Age (SSNRA)*
Age 60	60 months or to SSNRA*, whichever is greater
Age 61	48 months or to SSNRA*, whichever is greater
Age 62	42 months or to SSNRA*, whichever is greater
Age 63	36 months or to SSNRA*, whichever is greater
Age 64	30 months or to SSNRA*, whichever is greater
Age 65	24 months
Age 66	21 months
Age 67	18 months
Age 68	15 months
Age 69 and over	12 months

Premium Contributions:

Your coverage is Non-Contributory. This means Your Employer pays all of Your premium for Your Long Term Disability coverage.

Additional Benefits:

Additional Benefit for Survivor (Lump Sum)

Additional Benefit for Vocational Rehabilitation with Additional Benefit for Work Incentive

Additional Benefit for Social Security Assistance

Additional Benefit for Workplace Modification Program

Additional Benefit for Work Retention Assistance

Specific information regarding the Policy and its terms may be obtained from the Plan Sponsor. The provisions, terms and conditions listed in any Policy document, including but not limited to this Certificate may be modified, amended, or changed at any time. Consent from any Insured or beneficiary is not required for such modification, amendment, or change.

Definitions

Below, the definitions of the Policy are discussed. Where these terms are used in this Certificate, unless specified otherwise, they have the meaning explained here.

Accident or Accidental means accidental bodily Injury for which the primary cause is not a disease, Illness, or bodily infirmity.

Act or Law means the original enactments of the Act or Law, and all amendments.

Actively at Work means that You are performing the normal duties of Your Own Occupation and working Your normal hours. You must be working the minimum number of hours per week required for the Plan Sponsor on a permanent full-time basis and must be paid regular earnings.

Your work site must be:

- at the Plan Sponsor's usual place of business; or
- at a location to which the Plan Sponsor's business requires You to travel.

You are not considered Actively at Work when You are off work or lose time due to Illness, Injury, Leave of Absence, Strike or Layoff. Paid days off will count as Actively at Work if You were fully capable of performing the normal duties of Your Own Occupation during the paid days off, provided that You were Actively at Work on the last working day prior to the paid days off.

Additional Benefit or Additional Provision means an addendum to the Policy which increases or limits coverage for a specified set of conditions. The provisions, limitations, and exclusions in the entire Policy will apply unless specifically stated otherwise in the Additional Benefit or Additional Provision.

Annual Pre-disability Earnings means Your annual salary from the Plan Sponsor in effect immediately prior to Your date of disability. Commissions, bonuses, overtime pay, and extra compensation will be excluded when determining Your salary. Annual Pre-disability Earnings will be determined according to the Plan Sponsor's records.

Your amount of insurance will be calculated based on the lesser of Your Annual Predisability Earnings as calculated above or the premium actually received by us.

Certificate means this document which provides a description of the coverage available under the Policy.

Claimant means a person who has filed a claim for benefits under the Policy.

Class means a grouping of Insureds based on criteria agreed on between the Plan Sponsor and Us.

Contributory means that You pay all or a portion of the premium for the coverage.

Disabled and Disability are defined in the Coverage Provisions section of this Certificate.

Disability Work Earnings means monthly earnings which You receive while You are Disabled and working.

Eligible Employee means You meet all of the following:

- You are a regular full-time employee of the Plan Sponsor, working for pay on a scheduled normal week of at least 30 hours; and
- You perform that work at the Plan Sponsor's usual place of business, except for duties of a kind that must be done elsewhere, and
- You are in a covered Class named under the Policy; and
- You are a legal citizen or legal resident of the United States or Canada. You will become ineligible for insurance if You leave the United States or Canada for one hundred eighty (180) or more consecutive days.

Temporary, seasonal, or contract employees are not included as Eligible Employees under the Policy.

Eligibility Waiting Period means the continuous length of time that You must serve in an eligible Class to reach Your eligibility date and begin Your coverage. The number of days for Your Eligibility Waiting Period is determined by the Plan Sponsor.

Elimination Period means the period of continuous Disability which must be satisfied before You are eligible to receive benefits under the Policy. The Elimination Period is shown in the Schedule of Benefits of this plan and begins on the first day You meet the Definition of Disability.

If You do return to work for 45 or less days during the Elimination Period, those days will interrupt the Elimination Period. However, the Disability will be treated as continuous if it is from the same or a related condition. Only those days during which You are Disabled will be used to satisfy the Elimination Period. You must complete the full 90 day Elimination Period within a total period of not more than 135 consecutive days.

Full-Time Basis means the ability to work and earn more than 80% of Your Indexed Monthly Pre-disability Earnings. Ability is based on capacity and not market availability.

Gross Monthly Benefit means Your gross Long Term Disability Benefit as calculated from the Schedule of Benefits, prior to any reductions for Deductible Sources of Income.

Guaranteed Issue Amount means an amount of insurance for which We do not require Proof of Insurability.

Hospital or Medical Facility means a facility accredited by JCAHO (Joint Commission on Accreditation of Health Care Organizations) duly licensed by the state to provide medical evaluation and treatment of patients under the direction of an active staff of licensed physicians.

Hospitalization means being an in-patient 24 hours a day.

Illness means a sickness or disease and will include pregnancy. Disability resulting from the sickness or disease must begin while You are covered under the Policy.

Independent Medical Exam means an examination by a Physician of the appropriate specialty for Your condition at Our expense. Such examination, scheduled by Us may be used for the purpose of determining eligibility for insurance or benefits, including eligibility under the Additional Benefits or Additional Provisions, if any, associated with the Policy.

Indexed means Your Monthly Pre-disability Earnings adjusted on each anniversary of Monthly Benefit Payments by the lesser of 7% or the current annual percentage increase of the Consumer Price Index. Your Indexed Monthly Pre-disability Earnings may increase or remain the same, but will never decrease.

The Consumer Price Index (CPI-U) is published by the U.S. Department of Labor. We reserve the right to use some other similar measurement if the Department of Labor changes or stops publishing the (CPI-U).

Indexing is only used to determine Your percentage of lost earnings while You are Disabled and working.

Injury means bodily injury resulting from an Accident, and which produces at the time of the Accident objective symptoms. The Injury must occur and Disability must begin while You are insured under the Policy. An Injury that occurs before You are covered under the Policy will be treated as an Illness for any subsequent claims.

Any Disability which begins more than 60 days after an Injury will be considered an Illness for the purpose of determining Long Term Disability benefits.

Insured means an individual covered under the Policy.

Leave of Absence means an arrangement where You and the Plan Sponsor agree that You will not be Actively at Work for a specific period of time and You are expected to be Actively at Work at the end of that period. If You become Disabled while on a Leave of Absence, Benefit Payments will be based upon Monthly Pre-disability Earnings as last reported and premiums paid to Us immediately prior to the beginning of the Leave of Absence. Refer to When Your Insurance Ends to determine how long Your coverage can be continued during a Leave of Absence.

Long Term Disability Benefits are the monthly benefits provided under the terms of the Policy.

Monthly Benefit Payment means the amount of income replacement payable to You while You are Disabled, subject to the terms of the Policy, and after any amounts shown in the Deductible Sources of Income section of the Policy and any Disability Work Earnings have been subtracted.

Monthly Pre-Disability Earnings means Your Annual Pre-disability Earnings divided by 12.

Motorized Vehicle means any self-propelled vehicle or conveyance, including but not limited to automobiles, trucks, motorcycles, ATV's, snowmobiles, tractors, golf carts, motorized scooters, lawn mowers, heavy equipment used for excavating, boats, and personal watercraft. Motorized Vehicle does not include a medically necessary motorized wheelchair.

Part-Time Basis means the ability to work and earn between 20% and 80% of Your Indexed Monthly Pre-disability Earnings. Ability is based on capacity and not market availability.

Physician means:

- a person licensed to practice medicine in the jurisdiction where such services are performed; or
- any other person whose services must be treated as a Physician's for the purposes of the Policy according to applicable law. Each such person must be licensed in the jurisdiction where he or she performs the service and must act within the scope of that license. He or she must also be certified and/or registered if required by such jurisdiction.

Physician does not include:

- You
- Your Spouse
- Anyone employed by the Plan Sponsor, or any business partner of You or the Plan Sponsor.
- Any member of Your immediate family, including Your and/or Your Spouse's:
 - Parents:
 - Children (natural, step, or adopted);
 - Siblings;
 - Grandparents;
 - Grandchildren:
 - In-Laws.

Plan Sponsor means the employer who makes the Policy available to you.

Policy or Group Policy means the policy issued by Us to the Plan Sponsor and described in this Certificate.

Prior Plan means a group plan providing similar Long Term Disability insurance benefits carried by the Plan Sponsor on the day before the Policy's effective date with Us.

Proof means evidence which allows the determination that the terms and provisions of the Policy have been met. Proof may include but is not limited to: questionnaires, physical exams, or Written documentation and records as required by Us. Proof must be received by Us at Our Administrative Office. All Proof must be given at Your expense (or that of Your representative or beneficiary), unless otherwise specifically provided by the terms of the Policy. If any additional Proof is reasonably required by Us, an Insured may be required to give Us authorization to obtain such additional Proof. The following are some specific types of Proof referenced under the Policy:

Proof of Claim or Proof of Disability means evidence which allows the determination that a person has satisfied the conditions and requirements for a benefit under the Policy. The Proof must establish:

- the nature and extent of the loss or condition; and
- our obligation to pay the claim under the Policy; and
- the Claimant's right to receive payment.

Proof of Insurability means evidence of a person's health and other information related to insurability that is used to determine whether the person can become insured, or is eligible for an increase in coverage.

Recurrent Disability means a Disability which is related or due to the same cause(s) as a prior Disability for which a benefit was payable.

Regular Care means:

- You are under the continuing care of and personally visit a Physician as required according to standard medical practice, to effectively diagnose, manage and treat Your disabling condition(s); and
- You are receiving appropriate treatment and care of Your disabling condition(s) which conforms with standard medical practice by a Physician whose specialty and clinical experience is appropriate for Your disabling condition(s) according to standard medical practice.

Retirement Plan means a defined contribution plan or defined benefit plan. These are plans which provide retirement benefits to employees and are not funded entirely by employee contributions.

Sign or Signed means use of any symbol or method executed or adopted by a person with the present intention to authenticate a record. Such authentication may be executed and/or transmitted by paper or electronic media, provided it is acceptable to Us and consistent with applicable law.

We, Us, and Our mean the insurer Anthem Blue Cross Life and Health Insurance Company

Written or Writing means a record which is on or transmitted by paper or electronic media which is acceptable to Us and consistent with applicable law.

You and Your mean an Eligible Employee.

Other terms are defined elsewhere under the Policy.

When Insurance Begins and Ends

This section tells how You may become insured.

Obtaining Your Insurance

To obtain insurance under the Policy, You must be an Eligible Employee and be Actively at Work.

Specific information regarding the Group Policy and its terms may be obtained from the Plan Sponsor.

If You are an Eligible Employee on the effective date of the Policy, You are eligible for insurance on that date. Otherwise, You become eligible on the first day of the month coinciding with or next following the date You satisfy the Eligibility Waiting Period.

If You have been continuously employed by the Plan Sponsor for a period of time equal to the Eligibility Waiting Period, we will waive the Eligibility Waiting Period when You enter an eligible Class. We will apply any prior period of work with the Plan Sponsor toward the Eligibility Waiting Period to determine the date You are eligible for insurance.

Enrollment

If you contribute to the cost of your Coverage:

You must apply for Your insurance if the coverage is Contributory.

An application for You to become insured must be completed on a form approved for that purpose by Us. The Plan Sponsor must send the completed application to Us at Our Administrative Office. If Proof of Insurability is required for any coverage, the completed Proof of Insurability statement must be sent to us at our Administrative Office.

If you do not contribute to the cost of your Coverage:

You must enroll for Your insurance if the coverage is not Contributory.

An enrollment form for You to become insured must be completed on a form approved for that purpose by Us. The Plan Sponsor must send the completed enrollment form to Us at Our Administrative Office.

Effective Date of Insurance

This section tells when Your insurance will begin once You have become eligible and are Actively at Work.

Except as explained in this section, Your insurance will begin on the first day of the Policy month coinciding with or next following the date You become eligible for such insurance.

The Plan Sponsor may require You to contribute toward the cost of Your insurance. Any such Contributory insurance will not become effective for You before You Sign a form agreeing to make those contributions. The form may be obtained from the Plan Sponsor. If You Sign the form more than 31 days after You became eligible, Your Contributory insurance will be deferred until the date We approve Your Written Proof of Insurability.

If Your coverage is not Contributory, Your insurance begins on the first day You are Actively at Work following the date that You become an Eligible Employee and have satisfied the Eligibility Waiting Period. An application to become insured must be completed on a form approved for that purpose by Us. The Plan Sponsor must send Your completed enrollment to Us at our Administrative Office unless We and the Plan Sponsor have agreed that the Plan Sponsor will retain the applications.

If Your coverage is Contributory, Your insurance begins on the first day You are Actively at Work coincident with or following one of the dates below:

- If Your application to become insured is completed on or before the earliest date on which You may become insured, Your insurance will take effect on that earliest date: or
- If Your application to become insured is completed no more than 31 days after the earliest date on which You may become insured, Your insurance will take effect on the date on which Your application has been completed; or
- If Your application to become insured is completed more than 31 days after the earliest date on which You may become insured. Your insurance will take effect on the date on which We have, in Writing, either approved Proof of Insurability or waived, in Writing, such requirement. Any Proof of Insurability must be provided without expense to Us.

If You are required to give Proof of Insurability for all or a portion of Your insurance, that insurance for which Proof of Insurability is required begins on the date We approve, in Writing, Your Proof of Insurability.

Delayed Effective Date of Your Insurance

If You are not Actively at Work on the date Your insurance would otherwise begin, Your insurance begins on the date You are again Actively at Work.

Proof of Insurability Provision

You must give Proof of Insurability:

- If You pay all or part of the premium for Your insurance and You apply for insurance under the Policy more than 31 days after the date You become an Eligible Employee; or
- If You pay all or part of the premium for Your insurance and Your insurance would increase because of a change in Your Class membership or a change in the amount of Annual Pre-disability Earnings or Your election and the Plan Sponsor does not tell Us in Writing about the change within 31 days after the change occurs; or
- If You pay all or part of the premium for Your insurance and Your insurance ended at Your request or because a premium was not paid by You and You are re-applying for coverage; or
- For insurance for which You pay all or part of the premium if You were entitled to coverage under the Prior Plan and You had declined coverage; or
- If You apply for a Long Term Disability Benefit that exceeds the Guaranteed Issue Amount, if required.

We will use the Proof of Insurability form and other information You give as Proof of Insurability to determine whether You can become insured. If the Proof of Insurability is not satisfactory to Us, the insurance for which You are required to give Proof of Insurability will not take effect. If the Proof is accepted, Your insurance will take effect on the date We approve Your Proof of Insurability in Writing

Guaranteed Issue Amount: The maximum Long Term Disability amount for which a covered person can become insured without furnishing Proof of Insurability is as stated in the Schedule of Benefits.

If You are eligible for more than the Guaranteed Issue Amount as shown in the Schedule of Benefits, You will be limited to the Guaranteed Issue Amount until You give Us Proof of Insurability. If the Proof is accepted, the additional amount of insurance will take effect on the date We approve Your Proof of Insurability. Future increases will also require Proof of Insurability.

We may require that You undergo an Independent Medical Exam as part of Your Proof of Insurability.

Changes in Your Insurance

Change in Class or Monthly Pre-disability Earnings

The amount of Your insurance may change if:

- You become a member of a different Class; or
- The amount of Your Annual Pre-disability Earnings changes.

If the change would increase Your amount of insurance, the increase takes effect on the first day You are Actively at Work following the *latest* of the date:

- The change occurs; or
- The Plan Sponsor tells Us in Writing about a change in Class or a change in the amount of Your Annual Pre-disability Earnings; or
- We approve, in Writing, Your Proof of Insurability, if You are required to give Proof of Insurability.

If the change would decrease the amount of insurance, the decrease takes effect on the date of the change.

When Insurance Ends

Your insurance coverage will end on the first to occur of the following dates:

- The date the Policy is canceled; or
- 2. The date on which You cease to be a member of a Class under the Policy; or
- 3. The date Your employment terminates. For the purpose of this provision, employment terminates when You are no longer Actively at Work, unless due to Disability; or
- 4. The date the Policy is changed to end the insurance for Your Class; or
- The last day of the period for which premium was paid, if a premium is not paid 5. within the Policy's grace period; or
- Preceding the date of Your death; or 6.
- 7. The date Your Monthly Benefit Payments end, if You are not again Actively at Work the following day; or
- 8. The date You cease to be an Eligible Employee as defined in the Definitions of the Policy: or
- 9. You request, in Writing, for Your insurance to be terminated; or
- 10. The date You cease to be Actively at Work. However, the Plan Sponsor may continue Your insurance unless it ends due to any of the above reasons during the following periods:
 - a) until the end of month 3 following the date You cease to be Actively at Work due to a temporary layoff; or
 - b) until the end of month 3 following the date You cease to be Actively at Work due to a Leave of Absence or due to Your being called to active duty as a reservist with the U.S. Armed Forces Reserve; or

- c) during an absence from work due to a Leave of Absence that is in compliance with the Family Medical Leave Act of 1993 ("FMLA") or applicable state, family and medical leave law; or
- during the longest of the periods in above items (a), (b), and (c), if You cease to be Actively at Work due to Your being called to active duty as a reservist with the U.S. Armed Forces.

Any Leave of Absence must have been authorized in Writing by the Plan Sponsor. Unless otherwise specifically stated under the terms of the Policy, all premium required by the Policy must be paid in order for any continuance of insurance provision to be applicable.

If coverage is continued in accordance with the Leave of Absence provisions above, such continued coverage will cease immediately if any one or more of the following events occurs:

- the leave terminates prior to the agreed upon date; or
- the Policy terminates or Your employer ceases to be an associated employer with the Plan Sponsor; or
- You or the Plan Sponsor fail to pay premium when due; or
- the Policy no longer insures Your Class.

During the period that You are Disabled, Your Monthly Benefit Payments will not be affected by:

- termination or cancellation of the Plan Sponsor's Policy; or
- termination of Your coverage; or
- termination of Your employment; or
- any amendment to the Policy that becomes effective after the date You are Disabled.

Continuity of Coverage upon Transfer of Insurance Carriers

In order to prevent loss of coverage for You because of a transfer of insurance carriers, this provision will provide coverage for certain plan members as follows:

Failure to be in Active Employment Due to Injury or Illness

If You are not Actively at Work due to Injury, illness, leave of absence or temporary layoff on the date the Plan Sponsor changes insurance carriers to Anthem Blue Cross Life and Health, and You were covered under the prior policy at the time the Anthem Blue Cross Life and Health Policy became effective, We will provide continuity of coverage under the Anthem Blue Cross Life and Health Policy. In order for this provision to apply, the prior policy must have provided similar coverage to the Anthem Blue Cross Life and Health Policy.

If You are not Actively at Work due to injury, illness, leave of absence or temporary layoff on the effective date of the Anthem Blue Cross Life and Health Policy, and You would otherwise be eligible to become insured under the Policy, We will provide limited coverage under the Anthem Blue Cross Life and Health Policy. Coverage under this provision will begin on the Anthem Blue Cross Life and Health Policy effective date and will continue until the earliest of:

- the end of the month following the date You return to active employment; or
- the end of any period of continuance or extension provided under the prior policy; or
- the date coverage would otherwise end, according to the provisions of the Anthem Blue Cross Life and Health Policy.

Your coverage under this provision is subject to payment of premium.

Any benefits payable under this provision will be paid as if the prior policy had remained in force. We will reduce Your Monthly Benefit Payment by any amount for which the prior carrier is liable.

If coverage ends under this provision, or if You were not covered under the prior policy on the date that policy terminated, the Effective Date of Insurance provision under the Anthem Blue Cross Life and Health Policy will apply.

No Benefits are payable under this provision for any period of Disability:

- that begins prior to this Policy's effective date; or
- for which benefits are paid under the Prior Plan; or
- for which benefits would have been paid under the Prior Plan in the absence of this provision.

Continuity of Coverage - Disability due to a Pre-existing Condition

We may waive the Pre-Existing Condition Exclusion of the Policy to make a benefit payment for Your Disability which is caused by, contributed to by, or resulting from a **Pre-Existing Condition if:**

- You were insured by the prior policy at the time the Plan Sponsor changed insurance carriers to Anthem Blue Cross Life and Health; and
- You have been continuously covered under the Policy from the effective date of the Plan Sponsor's Anthem Blue Cross Life and Health Policy through the date Your Disability began.

In order to receive a payment, You must satisfy:

- The terms of Anthem Blue Cross Life and Health's Pre-Existing Condition Exclusion: or
- The terms of the prior policy's pre-existing condition provision, if benefits would have been paid had that policy remained in force.

If You satisfy the terms of the Pre-Existing Condition Exclusion of Anthem Blue Cross Life and Health's Policy, We will determine Your Monthly Benefit Payments according to Anthem Blue Cross Life and Health Policy provisions.

If You do not satisfy the terms of the Pre-Existing Condition Exclusion of Anthem Blue Cross Life and Health's Policy, but You do satisfy the terms of the prior policy's preexisting condition provision:

- Your Monthly Benefit Payment will be the lesser of:
 - The monthly benefit payment that would have been payable under the terms of the prior policy if it had remained in force; or
 - The monthly benefit payment according to Anthem Blue Cross Life and Health's Policy provisions; and
- Benefits will end on the earlier of
 - The date benefits would otherwise end under the Anthem Blue Cross Life and Health Policy, as described under the When Disability Benefits End provision; or
 - The date benefits would have ended under the prior policy's provisions if it had remained in force.

If You do not satisfy either Anthem Blue Cross Life and Health's Policy or the prior policy's pre-existing condition provisions as described above, We will not make any payments.

We will require proof that You were insured under the prior policy.

All other terms and conditions of the Anthem Blue Cross Life and Health Policy will apply.

Coverage Provisions

Description of the Coverage

The pages of this section specify when Policy benefits will be paid. Conditions governing whether, and how much benefit is paid are also discussed in this section.

To receive Policy benefits, You must be insured under the terms of the Policy, and as described in the When Insurance Begins and Ends section. Then, Your amounts of insurance are as shown in the Schedule of Benefits, subject to the terms of the Policy.

Definition of Disability and Disabled for Long Term Disability

You will be considered disabled if You meet the definition of Total Disability or the definition of Partial Disability included below:

Total Disability means that:

- during the Elimination Period and for the first 24 months of disability benefits, as a result of Illness or Injury, You are not able to perform with reasonable continuity the Substantial and Material Acts necessary to pursue Your Own Occupation in the usual or customary way; and
- following the first 24 months of disability benefits, as a result of Illness or Injury, You are not able to engage with reasonable continuity in any occupation in which You could reasonably be expected to perform satisfactorily in light of Your age, education, training, experience, station in life, and physical and mental capacity.

Partial Disability means that:

- during the Elimination Period and for the first 24 months of disability benefits, while working in Your Own Occupation, as a result of Illness or Injury, You are unable to earn more than 80% of Your Monthly Indexed Pre-disability Earnings.
- following the first 24 months of disability benefits, as a result of Illness or Injury, You are not able to perform with reasonable continuity in any occupation in which You could reasonably be expected to perform satisfactorily in light of Your age, education, training, experience, station in life, and physical and mental capacity, or that You are unable to earn more than 60% of Your Monthly Indexed Pre-disability Earnings in any occupation.

Own Occupation means any employment, business, trade, or profession that involves the Substantial and Material Acts of the occupation You were regularly performing for the employer when Your disability began. Own Occupation is not necessarily limited to the specific job You performed for the employer.

Substantial and Material Acts means the important tasks, functions, and operations generally required by employers from those engaged in Your Own Occupation that cannot be reasonably omitted or modified.

In determining what Substantial and Material Acts are necessary to pursue Your Own Occupation, We will first look at the specific duties required by Your employer. If You are unable to perform one or more of these duties with reasonable continuity, We will then determine whether those duties are customarily required of other employees engaged in Your Own Occupation. If any specific, material duties required of You by Your employer differ from the material duties customarily required of other employees engaged in Your Own Occupation, then We will not consider those duties in determining what Substantial and Material Acts are necessary to pursue Your Own Occupation.

Long Term Disability Insurance Benefits

Long Term Disability benefits will be payable for a period of Disability in accordance with the terms of the Policy, if:

- The Disability starts while You are insured under the Policy; and
- The Disability continues during and past the Elimination Period; and
- We receive Proof of Your Disability.

The Long Term Disability Benefit and the Maximum Benefit Period are shown in the Schedule of Benefits. The Long Term Disability Benefit may be reduced in accordance with the provisions of the Deductible Sources of Income section of the Policy. The Long Term Disability Benefit will not:

- Exceed Your amount of coverage; or
- Be paid for longer than the Maximum Benefit Period.

You will begin to receive payments when We approve Your claim, provided the Elimination Period has been met. We will send You a payment each month for Long Term Disability benefits for any period for which We are liable.

Calculating Your Long Term Disability Benefit

Part A.

If You are Disabled and not working, or Disabled and working and Your Disability Work Earnings are less than 20% of Your Indexed Monthly Pre-disability Earnings, We will use the following process to calculate Your Monthly Benefit Payment:

- 1. Multiply Your Monthly Pre-Disability Earnings by 60%.
- 2. The maximum benefit is \$8,000 per month.
- 3. Compare the answer from Item 1 with the maximum benefit. The lesser of these two amounts is Your Gross Monthly Benefit.
- 4. Subtract from Your Gross Monthly Benefit any Deductible Sources of Income.

The amount calculated in Item 4 is Your Monthly Benefit Payment.

Part B.

If You are Disabled and working, and Your Disability Work Earnings are at least 20% but less than or equal to 80% of Your Indexed Monthly Pre-disability Earnings:

During the first 12 months of payments, the sum of Your Monthly Benefit Payment plus Disability Work Earnings may be less than or equal to, but not more than, 100% of Your Indexed Monthly Pre-disability Earnings. If the sum exceeds 100% of Your Indexed Monthly Pre-disability Earnings, We will reduce Your payment under the Policy by the excess amount.

To determine whether the sum of Your Monthly Benefit Payment plus Disability Work Earnings is less than or equal to or exceeds 100% of Your Monthly Pre-disability Earnings; We will use the following process:

- 1. Multiply Your Monthly Pre-disability Earnings by 60%.
- 2. The maximum benefit is \$8,000 per month.
- 3. Compare the answer from Item 1 with the maximum benefit per month. The lesser of these two amounts is Your Gross Monthly Benefit.
- 4. Add Your Disability Work Earnings to Your Gross Monthly Benefit.

If the answer in Item 4 above is less than or equal to 100% of Your Indexed Monthly Predisability Earnings, Your Monthly Benefit Payment will be Your Gross Monthly Benefit minus any Deductible Sources of Income.

If the answer in Item 4 above is greater than 100% of Your Indexed Monthly Pre-disability Earnings: We will use the following process to calculate Your Monthly Benefit Payment:

- a. Add Your Disability Work Earnings to Your Gross Monthly Benefit.
- b. From the answer in Item a, subtract Your Indexed Monthly Pre-disability Earnings. If the result is zero or less, record Your answer as zero.
- c. From Your Gross Monthly Benefit, subtract the answer in Item b and any Deductible Sources of Income.

The amount calculated in Item c is Your Monthly Benefit Payment.

After 12 Months of Monthly Benefit Payments, You will receive payments based on the percentage of income You are losing due to Your Disability; We will use the following process to calculate Your Monthly Benefit Payment:

- 1. Subtract Your Disability Work Earnings from Your Indexed Monthly Pre-disability Earnings.
- 2. Divide the answer in Item 1 by Your Indexed Monthly Pre-disability Earnings. The result is Your percentage of lost earnings.
- 3. From Your Gross Monthly Benefit, subtract any Deductible Sources of Income.
- 4. Multiply the answer in Item 2 by the answer in Item 3.

The answer in Item 4 is Your Monthly Benefit Payment.

We may require You to send Proof of Your monthly Disability Work Earnings each month. We will adjust Your Monthly Benefit Payment based on Your monthly Disability Work Earnings.

As part of Your Proof of Disability Work Earnings, We may require that You send Us any appropriate financial records which We believe necessary as Proof of Your income.

Minimum Monthly Benefit

At no time will Your Monthly Benefit Payment be less than \$100 per month or 10% of the Gross Monthly Benefit amount, whichever is greater unless otherwise provided under the terms and conditions of the Policy.

We may apply this amount toward an outstanding overpayment, as described in the Recovery of Overpayment provision.

If Your Disability Work Earnings Fluctuate

If Your Disability Work Earnings routinely fluctuate widely from month to month, We may average Your Disability Work Earnings over the most recent three months to determine if Your claim should continue.

If We average Your Disability Work Earnings, We will not terminate Your claim unless:

- during the first 24 months of Monthly Benefit Payments, the average of Your Disability Work Earnings for a three month period exceeds 80% of Your Indexed Monthly Predisability Earnings; or
- beyond 24 months of Monthly Benefit Payments, the average of Your Disability Work Earnings for a three month period exceeds 60% of Your Indexed Monthly Pre-disability Earnings.

We will not pay You for any month during which Your Disability Work Earnings exceed the amount allowable under the Policy.

Cost of Living Freeze

After the first deduction for Social Security Benefits has been made to the Long Term Disability Benefit, the Monthly Benefit Payment will not be further reduced due to any cost of living increases for Social Security Benefits. This cost of living freeze does not apply to Disability Work Earnings or to any increases in income You earn from any form of employment.

Recurrent Disability Provision for Long Term Disability

If You have a Recurrent Disability, and after Your prior Disability ended, You return to work for the Plan Sponsor for 6 months or less, We will treat Your Disability as part of Your prior claim and You do not have to complete another Elimination Period.

Your Monthly Benefit Payment will be based on Your Monthly Pre-disability Earnings as of the date of Your initial claim.

Your Disability, as outlined above, will be subject to the same terms and conditions of the Policy as Your prior claim.

Your Disability will be treated as a new claim if Your current Disability:

- is unrelated to Your prior Disability; or
- after Your prior Disability ended, You returned to work for the Plan Sponsor for more than 6 consecutive months.

The new claim will be subject to all of the provisions of the Policy and You will be required to satisfy a new Elimination Period.

If the Policy terminates You will not be eligible for benefits under this provision, unless You became Disabled due to the Recurrent Disability prior to the Policy termination.

Period of Disability extended by a new condition

If a period of Disability is extended by a new condition while You are receiving Monthly Benefit Payments, then the extension of the period of Disability will be treated as a part of the same continuous period of Disability, subject to the same Maximum Benefit Period. All other requirements, limitations and exclusions of the Policy will apply to the new condition as well as to the original cause of Disability.

When Long Term Disability Benefits End

Monthly Benefit Payments end on the first to occur of the following dates:

- 1. You are no longer Disabled under the terms of the Policy; or
- 2. You are no longer receiving, accepting or following Regular Care from a Physician, except for a period wherein the Physician certifies that treatment is not warranted: or
- 3. The Maximum Benefit Period from the Schedule of Benefits ends: or
- 4. The period specified in the Long Term Disability Limitations provision of the Policy ends, if that section applies; or
- 5. Preceding the date of Your death; or
- 6. We ask You for Proof that You are still Disabled, if We do not receive Proof of Disability within 90 days of Our request; or

- 7. We ask You for details about Your Deductible Sources of Income, including Your tax returns, if You do not give Us details within 90 days of Our request; or
- 8. We ask You to be examined by:
 - a Physician; or
 - a health care professional,
 - if you do not reasonably cooperate with the examiner or if You unreasonably decline to be examined; or
- 9. You work, unless You are working under the terms and conditions of the Additional Benefit for Vocational Rehabilitation provided by the Policy; or
- 10. Your Disability Work Earnings exceed the amount allowable under the Policy; or
- 11. You cease to reside in the United States or Canada. If You are outside the United States or Canada for a total period of 6 months or more during any 12 consecutive months of Monthly Benefit Payments, You will be considered to have ceased to reside in the United States or Canada; or
- 12. You unreasonably refuse to try or attempt work with the assistance of:
 - Modifications to Your work environment, functional job elements or work schedule: or
 - Adaptive equipment or devices -that a qualified Physician has indicated will accommodate the limiting factors of the Injury or Illness for which You are claiming benefits under the Policy or will enable You to perform the Substantial and Material Acts of an occupation from which the Policy requires You to be considered Disabled in order to receive benefits; or
- 13. You are confined to a penal or correctional institution; or
- 14. With respect to a Mental Illness, that You are not under the continuing care of an appropriate specialist in psychiatric care; or
- 15. With respect to Alcoholism and Drug Addiction, that You are not being actively supervised by and receiving continuing treatment from a rehabilitation center or a designated institution approved for such treatment by an appropriate body in the governing jurisdiction, or, if none, by Us: or
- 16. You are no longer under the appropriate care of a Physician; or
- 17. You or Your Physician unreasonably fail to submit any medical or psychiatric information requested by Us; or
- 18. You would be able to work in Your Own Occupation on a Part-Time Basis earning 60% or more of Your Monthly Pre-disability Earnings, but choose not to do so: or
- 19. You would be able to increase Your current earnings to more than 80% of Your Monthly Pre-disability Earnings by increasing the number of hours worked or the number of duties performed in Your Own Occupation, but choose not to do so, or

If it is determined that You have applied for benefits under fraudulent circumstances, benefit payments will cease and the appropriate fraud defense action will be taken.

Cancellation of the Policy does not by itself affect Your right to receive Long Term Disability Benefits for a Disability that begins while You are insured under the Policy. You must continue to comply with all requirements of the Policy. All terms and conditions of the Policy will apply.

Premium Waiver

With respect to Long Term Disability Benefits, We do not require premiums to be paid for the period during which You are receiving Monthly Benefit Payments. Premium payments will be required during the Elimination Period and after Your Monthly Benefit Payments end, if You continue to be insured under the Policy.

This premium waiver will begin on the premium due date that falls on or next follows the date You meet all of the conditions to qualify for premium waiver, as stated above.

We will continue to waive Your premiums until the premium due date that falls on or next follows the first of the following to occur:

- The date You are no longer Disabled; or
- The end of the Maximum Benefit period from the Schedule of Benefits; or
- The date Your coverage under the Policy ends.

If You return to work and are an Eligible Employee on the date premium waiver ends, Your coverage will be continued subject to payment of the required premium. If You are not an Eligible Employee on the date premium waiver ends, Your coverage will end.

Long Term Disability Limitations

Mental Illness, Alcoholism, Drug Addiction

Monthly Benefit Payments are limited to a maximum of 24 months during Your lifetime for Disability caused by or related to any of the following:

- Mental Illness; or
- Alcoholism: or
- Drug Addiction

This is not a separate maximum for each condition or for each period of Disability. This is a combined maximum for all periods of Disability and for all these conditions.

However, if You are confined to a Hospital or Medical Facility because of Disability at the end of the 24 months We will continue Monthly Benefit Payments during Your confinement and for up to 60 days after You are discharged if You are still Disabled.

If within 60 days after You are discharged You are re-confined for at least 10 consecutive days because of the same Disability, then We will make Monthly Benefit Payments during Your re-confinement and for up to 60 days after You are discharged if You are still Disabled.

Monthly Benefit Payments may end earlier than stated above in accordance with the conditions of the When Disability Benefits End section.

Mental Illness means any psychiatric or emotional illness or disease listed in the Diagnostic and Statistical Manual. Such conditions are usually treated by a mental health provider or other qualified provider using psychotherapy, psychotropic drugs, or other similar methods of treatment. Mental Illness includes, but is not limited to, each of the following:

- Neurotic disorders such as, but not limited to, anxiety, dissociative disorders, phobias, depression and obsessive compulsive disorders; or
- Psychotic disorders such as, but not limited to, schizophrenia, dementia. paranoid psychosis and affective disorders; or
- Personality disorders such as, but not limited to, sociopathic personality; or
- Syndromes such as, but not limited to, organic brain syndromes, amnesia syndromes and organic delusional or hallucinogenic syndromes.

Mental Illness excludes demonstrable structural brain damage. We will not apply the Mental Illness limitation to dementia if Proof is given that the dementia is a result of stroke, trauma, viral infection, or Alzheimer's disease.

The Diagnostic and Statistical Manual is a reference work developed by the American Psychiatric Association and designed to provide guidelines for the diagnosis and

classification of mental disorders. If the Diagnostic and Statistical Manual is discontinued or changed, another comparable reference may be used by Us.

Alcoholism means an addictive relationship or pattern of use of alcohol.

Drug Addiction means a compulsive or habitual pattern of use of drugs, chemicals, or similar substances.

Deductible Sources of Income

Deductible Sources of Income, except for Retirement Benefits, must be payable as a result of the same disability for which We pay a benefit. We will require You to apply for any of the Deductible Sources of Income for which You may reasonably be entitled, except for Retirement Benefits that would only be provided on a reduced basis. You may be required to sign a reimbursement agreement stating that if You receive any payments for Deductible Sources of Income, You will reimburse Us for any overpayment of benefits. You must immediately disclose to Us the amount of any retroactive payment You may receive from any of the Deductible Sources of Income.

The following are Deductible Sources of Income:

- 1. The amount that You receive under:
 - A worker's compensation law; or
 - An occupational disease law; or
 - Any other Act or Law with similar intent.
- 2. The amount that You receive as disability income payments under any:
 - state compulsory benefit Act or Law; or
 - governmental retirement system as a result of Your employment with the Plan Sponsor; or
 - automobile liability insurance policy; or
 - individual disability income plans which are wholly or partially paid for by the Plan Sponsor; or
 - other group insurance plan; or
 - any plan or arrangement of disability coverage, whether insured or not, resulting from Your employment by or association with the Plan Sponsor or any employer, or resulting from Your membership in or association with any group, association, union or other organization.
 - 3a. The amount that You, Your spouse, and children receive as disability payments because of Your Disability under:
 - The United States Social Security Act; or
 - the Canada Pension Plan; or
 - the Quebec Pension Plan; or
 - any similar plan or act.
 - 3b. The amount that You receive as retirement payments or the amount Your spouse and children receive as retirement payments because You are receiving retirement payments under:
 - The United States Social Security Act; or
 - the Canada Pension Plan: or
 - the Quebec Pension Plan; or
 - any similar plan or act.

4. The amount that You:

- Receive as disability payments under the Plan Sponsor's Retirement Plan; or
- Voluntarily elect to receive as retirement payments under the Plan Sponsor's Retirement Plan; or
- are eligible to receive as retirement payments when You reach the later of age 62 or normal retirement age, as defined in the Plan Sponsor's Retirement Plan.

Disability payments under a Retirement Plan will be those benefits which are paid due to disability and do not reduce the retirement benefit which would have been paid if the disability had not occurred.

Retirement payments will be those benefits which are paid based on the Plan Sponsor's contribution to the Retirement Plan. Disability benefits which reduce the retirement benefit under the plan will also be considered as a retirement payment.

Regardless of how the retirement funds from the Retirement Plan are distributed, We will consider the Plan Sponsor and Your contributions to be distributed simultaneously throughout Your lifetime.

- 5. The amount You receive as a result of any action brought under Title 46, United States Code Section 688 (The Jones Act).
- 6. The amount You receive from a third party (after subtracting attorney's fees) by judgment, settlement or otherwise.
- 7. The amount You receive under the mandatory portion of any "no fault" motor vehicle plan.
- 8. The amount You receive due to Your Disability under any salary continuation or accumulated sick leave plans.
- 9. Commissions, sick pay or any similar employer sponsored paid time off where You receive income from the employer, or any salary continuation plan due to Your Disability. Any earnings from any work or employment may be used to reduce Your Monthly Benefit Payment unless otherwise specified by the terms of the Policy.
- 10. Any amounts from partnership, proprietorship draws, or similar draws.

Lump Sum Payments

If You receive a lump sum payment of a Deductible Source of Income, We will deduct the lump sum from Your Monthly Benefit Payment by pro-rating the lump sum on a monthly basis over the time period for which the lump sum was given. If no time period is stated, the lump sum will be pro-rated based on the lesser of the Maximum Benefit Period or Your expected lifetime as determined by Us.

Non-Deductible Sources of Income

We will not subtract from Your Monthly Benefit Payment any income You receive from the following:

- 1. 401(k) plans;
- 2. profit sharing plans;
- 3. thrift plans;
- 4. tax sheltered annuities;
- 5. stock ownership plans;
- 6. credit disability insurance;
- 7. non-qualified plans of deferred compensation;
- 8. pension plans for partners;
- 9. military pension and disability income plans;
- 10. individual disability plans paid by the Employee;
- 11. a retirement plan from another plan sponsor;
- 12. individual retirement accounts (IRA);
- 13, retirement benefits from the United States Social Security Act if Your Disability begins after age 65 and You were already receiving such retirement benefits prior to Your Disability.

If You May Qualify for Deductible Income Benefits

You must apply for benefits listed in the Deductible Sources of Income section of the Policy, if there is a reasonable basis that You may be entitled to them. When We determine that You may qualify for benefits under items 1, 2 and 3 or 3a (in included in Your plan), from the Deductible Sources of Income section, We will estimate Your entitlement to these benefits. We can reduce Your payment by the estimated amounts if:

- You have not applied for the benefits or You have failed to pursue them with reasonable diligence; and
- We have a reasonable belief that You are entitled to the benefits, and that we have a means for reasonably estimating the payable amount.

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You must apply for benefits under the Federal Social Security Act if there is a reasonable basis for application. If the Social Security Administration denies such benefits, You are required to appeal the initial denial.

Within 6 months following the date You became Disabled; You must:

- Send us Proof that You have applied for Social Security Benefits; and
- Sign a reimbursement agreement in which You agree to repay Us for any overpayments We may make to You under the Policy; and
- Sign a release that authorizes the Social Security Administration to provide information directly to Us regarding Your Social Security benefits eligibility.

When You receive approval, or denial for Your claim for Social Security benefits as described above, You must notify Us immediately. We will adjust the amount of Your Monthly Benefit Payment. You must promptly repay Us for any overpayment.

Recovery of Overpayment

We have the right to recover any overpayment. This includes any prior or current overpayment from any past, current or new payable claim under the Policy. An overpayment occurs if:

- The total amount paid by Us on Your claim is more than the total amount then due to You under the Policy; or
- Payment made by Us should have been made under another plan.

If such overpayment occurs, You have an obligation to reimburse Us in full within 60 days of Our Written notice to You.

If We do not receive reimbursement in full within 60 days, We may use any available legal means to collect the overpayment, including but not limited to one or both of the following:

- Taking legal action;
- Stopping or reducing any future payments under the Policy which might otherwise be payable to You or any other Claimant or payee.

You must immediately disclose to Us the amount of any retroactive payment You may receive from any of the Deductible Sources of Income. We have the right to obtain any information We may require relating to Your eligibility, application or receipt of Deductible Sources of Income. You must provide Us with Your Signed authorization to obtain such information upon Our request.

Adjustment for Underpayment

If You have been paid less than You are entitled to under the Policy, We will pay You the difference in a lump sum.

Proration

Any Long Term Disability Benefit payable for less than a month will be prorated based on a 30 day month. The prorated amount may be less than the Minimum Monthly Benefit.

Awards of Damages and Right of Reimbursement

You will be required to reimburse Us for any benefits We pay to You if both of the following conditions are met:

- 1. Benefits are paid under the Policy; and
- 2. You recover damages whether by action at law, settlement, or compromise from any person, organization, or legal entity that is or may be liable for any illness, Injury, or other event giving rise directly or indirectly, to the Disability for which benefits are payable.

The term damages will include all lump sum or periodic payments however designated You receive under paragraph number 2 above. The provisions of this section shall apply whether or not the person, organization, or legal entity admits liability.

If You receive damages in one or more lump sum payments instead of in monthly or weekly payments, the amount You must reimburse to Us will be based on the amount of the award pro-rated over the period benefits have been or will be paid. You must provide Proof of the award to Us. Our rights shall be to the first reimbursement out of all funds You, Your parents if You are a minor, or Your legal representative, is or was able to obtain under the conditions outlined above.

Your lawyer may represent Our rights of reimbursement. However, We reserve the right to:

- Appoint another lawyer to act on Our behalf; and
- Commence an action to pursue Our rights of reimbursement directly against a third party.

As an Insured, You must:

- Agree to fully co-operate with Us in pursuing Our claim against the third party, including but not limited to the furnishing of any information, documents, or other assistance We may reasonably require.
- Agree to notify Us of any action You have or bring against any third party.

Additional Benefit for Survivor

We will pay a lump sum benefit to Your eligible survivor when Proof is received that You died:

- after Your Disability had continued for 90 or more consecutive days; and
- while You were receiving a Monthly Benefit Payment.

This Additional Benefit for Survivor will be an amount equal to three times the Last Monthly Benefit for Long Term Disability. Any Additional Benefit for Survivor will be applied first to reduce any outstanding overpayment.

We will pay the Additional Benefit for Survivor to Your legal spouse, if living. If Your spouse is not living, We will pay the Additional Benefit divided into equal shares to Your children. Children must be under age 26, unmarried, and dependent on You for support and maintenance. Children include step-children, adopted children, and foster children. If there is no person entitled to the Additional Benefit for Survivor living at the time of Your death, the Additional Benefit will be paid to Your estate. Our payment to Your estate discharges Us of all liability under this Additional Benefit to the extent of the payment, and shall be valid and effective against all claims by others representing or claiming to represent Your children. Benefits otherwise payable to a minor child may be made instead to an adult who submits Proof that he or she has assumed custody and support of the child. One example of such Proof is a court order granting custody of the minor child to the adult.

Last Monthly Benefit means, for the purpose of this provision, the gross Monthly Benefit amount paid to You immediately prior to Your death.

Additional Benefit for Vocational Rehabilitation Program

If You are Disabled and receiving Monthly Payments under the Policy, You may be eligible for Vocational Rehabilitation services.

Vocational Rehabilitation Program means services which we will help You to obtain, such as the following, that may reasonably be expected to help You to return to active employment:

- 1. coordination with Your Plan Sponsor to assist You to return to work;
- 2. evaluation of adaptive equipment or job accommodations to allow You to work;
- 3. evaluation of possible workplace modifications which might allow You to return to work in Your Own Occupation or another job or occupation;
- 4. vocational evaluation to determine how Your Disability may impact Your employment options:
- 5. job placement services, including resume preparation services and training in jobseeking skills;
- 6. alternative treatment plans such as recommendations for support groups, physical therapy, occupational therapy, or other treatment designed to enhance Your ability to work.

The services must be agreed to by You, by Us, and by Your Physician. The extent to which these services are provided will be determined based on:

- 1. Your education, training and experience;
- 2. Your transferable skills;
- 3. Your physical and mental abilities;
- 4. Your motivation to return to active employment;
- 5. the labor force demand for workers in the proposed occupation in Your geographic area; and
- 6. the expected liability for Your Long Term Disability claim.

To qualify for these services, You must:

- 1. have a Disability which prevents You from performing some or all of the Substantial and Material Acts of Your Own Occupation;
- 2. lack the skills, training, or experience You would need to perform another occupation;

- 3. possess the physical and mental abilities You need to complete a rehabilitation program; and
- 4. be reasonably expected to return to active employment with the assistance of these services.

A Vocational Rehabilitation Program proposal may be made either by Us. Your Physician or You. We will prepare a written statement of the proposed Vocational Rehabilitation services with input from You, Your Physician, Your current employer and/or Your prospective employer. Once the services are approved, You will be provided services according to the written program.

The written statement will describe:

- 1. the goals of the Vocational Rehabilitation;
- 2. Our responsibilities:
- 3. Your responsibilities;
- 4. the responsibilities of any third party(ies) associated with the services;
- 5. the expected dates of the services;
- 6. the expected costs of the services;
- 7. the expected duration of the services.

We reserve the right to make the final decision concerning Your eligibility to take part in this program, and the amount of services You will be provided.

Additional Benefit for Work Incentive

If You participate in a Vocational Rehabilitation Program that is approved by Our Vocational Rehabilitation specialist, We may increase Your Monthly Benefit Payment by 5%, up to a maximum additional payment of \$750 per month, not to exceed the Maximum Monthly Benefit as shown in the Schedule of Benefits.

The Additional Benefit for Work Incentive will end on the earliest of the following dates:

- You cease to be paid a Monthly Benefit Payment;
- 12 months of Additional Benefit for Work Incentive have been paid.
- You are no longer participating in a Vocational Rehabilitation services; or
- You are no longer eligible to participate in Vocational Rehabilitation, based on the provisions of the Additional Benefit for Vocational Rehabilitation;
- Any other requirement or condition of the Policy is not met, including but not limited to those listed in the When Disability Benefits End section.

Additional Benefit for Social Security Assistance

If You are receiving Monthly Benefit Payments from Us, We may provide assistance to You about filing Your claim for Social Security disability benefits or appealing a denial of Your claim for Social Security disability benefits.

If You receive Social Security disability benefits, this may enable You to receive Medicare after 24 months of disability payments, protect Your Social Security retirement benefits, and Your family may also be eligible for Social Security benefits.

We can assist You in obtaining Social Security disability benefits by:

- helping You obtain medical and vocational evidence; and
- helping You find appropriate legal representation; and
- by reimbursing pre-approved case management expenses.

Additional Benefit for Workplace Modification

If You are Disabled and are receiving a Monthly Benefit Payment from Us, an Additional Benefit for Workplace Modification may be payable to accommodate You in returning to work. We may reimburse up to 100% of the costs reasonably incurred for modifications to the workplace to accommodate Your return to work, and to assist You in remaining at work.

The amount We pay will not exceed the lesser of:

- 1. two times Your Monthly Benefit Payment; or
- 2. \$10,000; or
- 3. The actual cost of the modification.

To qualify for this reimbursement, You must:

- 1. be Disabled according to the terms of the Policy; and
- 2. have the reasonable expectation of returning to active employment and remaining in active employment with the assistance of the proposed workplace modification.

We must receive a written proposal of the planned workplace modification. This proposal must include:

- 1. input from the Plan Sponsor, You and Your Physician;
- 2. the purpose of the proposed workplace modification;
- 3. the expected completion date of the workplace modification; and
- 4. the cost of workplace modification.

We will reimburse the costs of the workplace modification when We:

- approve the proposals in writing;
- 2. receive Proof that the workplace modification is complete; and
- 3. receive Proof of the costs incurred for the workplace modification.

The Additional Benefit for Workplace Modification is available on a one-time basis.

Additional Benefit for Work Retention Assistance

If You:

- 1. have a medical condition or functional impairment that You report to Us and that has the reasonable potential to result in a Disability under the Policy, according to generally accepted medical standards; but
- 2. have not yet become Disabled,

We may provide Vocational Rehabilitation services and assistance determined necessary and appropriate to minimize the effects of such condition or impairment and to assist You in retaining the ability to perform the Substantial and Material Acts of Your Own Occupation or of another appropriate gainful occupation offered by the Plan Sponsor. The services must be agreed to by You, by Us, and by Your Physician, and will be based on the provisions of the Additional Benefit for Rehabilitation.

Exclusions

The following exclusions apply to any and all benefits under the Policy, including any Additional Benefits or Additional Provisions unless otherwise specifically referenced.

The Policy does not cover any disabilities or loss caused by, resulting from, or related to any of the following:

- 1. Disability or loss caused or substantially contributed to by war or any act of war, declared or undeclared, whether civil or international;
- 2. Service in the armed forces, military reserves or National Guard of any country or international authority, or in a civilian unit serving with such forces;
- 3. Disability or loss caused or substantially contributed to by any attempt at suicide or intentionally self-inflicted injury, while sane or insane;
- 4. Disability or loss caused or substantially contributed to by active participation in a riot, insurrection, or terrorist activity;
- 5. Disability or loss caused or substantially contributed to by committing or attempting to commit a felony.
- 6. Disability or loss in consequence of the Insured being intoxicated, as defined by the jurisdiction where the disability or loss occurred;
- 7. Disability or loss caused or substantially contributed to by voluntary intake of any drug, unless prescribed or administered by a physician and taken in accordance with the physician's instructions;
- 8. Disability or loss caused or materially contributed to by engaging in an illegal occupation:
- 9. Any Pre-Existing Condition, as further defined in the Exclusions section.

In addition, the Policy will not pay a benefit for any period for which any of the following applies:

- 1. With respect to a mental disorder, any period during which You are not under the continuing regular care of an appropriate specialist in psychiatric care. With respect to Alcoholism and Drug Addiction, any period during with You are not being actively supervised by and receiving continuing treatment from a rehabilitation center or a designated institution approved for such treatment by an appropriate body in the governing jurisdiction, or, if not, by Us.
- 2. You have applied for benefits under fraudulent circumstances and these circumstances resulted in a conviction of fraud.
- 3. You unreasonably fail to submit to an Independent Medical Exam requested by
- 5. Disability results from cosmetic or reconstructive surgery, except for complications arising from such surgery, or surgery necessary to correct a deformity caused by Illness or accidental Injury.

6. Any period that any other requirement or condition of the Policy is not met, including but not limited to those listed in the When Disability Benefits Ends section.

If your professional or occupational license or your certification is suspended, revoked or surrendered, loss of your license or certification, by itself, does not mean you are disabled.

Your Disability must start while You are insured under the Policy. At the time of claim, Proof of Disability based on medical evaluation by a Physician will be required. Thereafter, no benefits are payable for any period of disability during which you are not under the Regular Care of a Physician, or You or Your Physician unreasonably fail to provide Proof of continuing Disability, or any medical or any psychiatric records which We request.

Pre-Existing Condition Exclusion

You are not covered for a Disability caused or substantially contributed to by a Pre-Existing Condition or medical or surgical treatment of a Pre-Existing Condition. You have a Pre-**Existing Condition if:**

- 1. (a) You received medical treatment, care or services for a diagnosed condition or took prescribed medication for a diagnosed condition in the 3 months prior to Your effective date of coverage under the Policy; or
 - (b) You suffered from a diagnosed physical or mental condition which was misrepresented or not disclosed in Your application, (i) for which You received a Physician's treatment within 3 months prior to Your effective date of coverage under the Policy, or (ii) which caused symptoms within 3 months prior to Your effective date of coverage under the Policy; and
- 2. The Disability caused or substantially contributed to by the condition begins in the first 12 months after Your effective date of coverage under the Policy.

Uniform Compulsory Provisions

Entire Contract, Changes

This Policy, the application of the employer, if any, and the individual applications, if any, of the employees constitutes the entire contract between the parties, and any statement made by the employer or by any employee shall, in the absence of fraud, be deemed a representation and not a warranty. No such statement shall avoid the insurance or reduce the benefits under this Policy or be used in defense to a claim hereunder unless it is contained in a written application, nor shall any such statement of the employer, except a fraudulent misstatement, be used at all to void this Policy after it has been in force for two years from the date of its issue, nor shall any such statement of any employee eligible for coverage under the Policy, except a fraudulent misstatement, be used at all in defense to a claim for loss incurred or disability as defined in the Policy commencing after the insurance coverage with respect to which claim is made has been in effect for two years from the date it became effective.

No change in this Policy shall be valid unless approved by an executive officer of the insurer and unless such approval be endorsed herein or attached hereto. No agent has authority to change this Policy or waive any of its provisions.

Time Limit on Certain Defenses

After two years from the date of issue of this policy, no misstatement, except a fraudulent misstatement, made by you in your application shall be used to void the policy; and after two years from the effective date of the coverage with respect to which any claim is made no misstatement of any employee eligible for coverage under the policy, except a fraudulent misstatement, made in an application under the policy shall be used to deny a claim for loss incurred or disability (as defined in the policy) commencing after expiration of such two years.

No claim for loss incurred or disability (as defined in the policy) commencing after two years from the effective date of the insurance coverage with respect to which the claim is made shall be reduced or denied on the ground that a disease or physical condition, not excluded from coverage by name or specific description effective on the date of loss, had existed prior to the effective date of the coverage with respect to which the claim is made.

Grace Period

A grace period of 31 days will be granted for the payment of premiums accruing after the first premium, during which grace period the Policy shall continue in force, but the employer shall be liable to the insurer for the payment of the premium accruing for the period the Policy continues in force.

Notice of Claim

Written notice of claim must be given to the insurer within 20 days after the occurrence or commencement of any loss covered by the policy, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the claimant to the insurer at:

Anthem Blue Cross Life and Health Insurance Company Claims Service Center P.O. Box 105448 Atlanta, GA 30348-5448

with information sufficient to identify the insured employee, shall be deemed notice to the insurer.

Claim Forms

The insurer, upon receipt of a written notice of claim, will furnish to the claimant such forms as are usually furnished by it for filing proofs of loss. If such forms are not furnished within 15 days after the giving of such notice the claimant shall be deemed to have complied with the requirements of this policy as to proof of loss upon submitting. within the time fixed in the policy for filing proofs of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made.

Proof of Loss

Written proof of loss must be furnished to the insurer, in case of claim for loss for which this policy provides any periodic payment contingent upon continuing loss, within 90 days after the termination of the period for which the insurer is liable, and in case of claim for any other loss, within 90 days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity of the employee, later than one year from the time proof is otherwise required.

Time of Payment of Claim

Indemnities payable under this policy for any loss other than loss for which this policy provides periodic payments will be paid to the insured employee as they accrue immediately upon receipt of due written proof of such loss. Subject to due written proof of loss, all accrued indemnity for loss for which this policy provides periodic payment will be paid monthly to the insured employee and any balance remaining unpaid upon the termination of the period of liability will be paid immediately upon receipt of due written proof.

Physical Examination and Autopsy

The insurer at its own expense shall have the right and opportunity to examine the person of any individual whose injury or sickness is the basis of claim when and as often as it may reasonably require during the pendency of a claim hereunder and to make an autopsy in case of death, where it is not forbidden by law.

Legal Actions

No action at law or in equity shall be brought to recover on this policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of this policy. No such action shall be brought after the expiration of three years after the time written proof of loss is required to be furnished.

Other Provisions

Assignment

You cannot assign Your rights or benefits under the Policy.

Currency

All payments made to or by Us will be made in United States dollars.

Class Membership

You may only be insured under one Class at any time.

Misstatement of Age or Other Facts

If Your age or any other fact was misstated, We will use the correct facts to determine whether You are insured and if so, for what amount and duration.

Errors

You must be properly insured under the Policy. An error or omission by the Plan Sponsor or by Us will not cause You to become insured. An error or omission by the Plan Sponsor or by Us will not cancel insurance that should continue nor continue insurance that should end. The requirements and conditions of the Policy must be properly met for any change in the amount of Your insurance to take effect. We have the right to full recovery of any overpayments made. Such reimbursement will be required regardless of whether the overpayment occurred due to an error by Us or by You, Your representative or beneficiary, or the Plan Sponsor.

Agency

The Plan Sponsor or employer and any administrator appointed by the Plan Sponsor or employer shall not be considered Our agents for any purpose. We are not liable for any of their acts or omissions.

Changes while You are not Actively at Work

If You are not Actively at Work on the effective date of the amendment, the effective date with respect to You will be the date that You are again Actively at Work. However, if the amendment would reduce the amount of Your insurance, the effective date with respect to You will be the effective date of the amendment.

It is understood that, if the Policy is amended during Your continuous period of Disability, the amendment will have no effect on the amount of insurance during the same continuous period of Disability.

Enforcement of Policy Terms

If at any time We do not enforce a provision of the Policy, We will still retain Our right to enforce that provision at Our option.

Proof Of Continuing Disability

From time to time You must give Proof to Us at Your expense that You are still Disabled. We will ask You for this Proof at reasonable intervals. We will stop Monthly Benefit Payments if You do not give Proof that You are still Disabled. We may investigate Your claim at any time.

Proof Of Financial Loss

We have the right to require written Proof of Financial Loss. This includes, but is not limited to:

- 1. statements of Monthly Earnings;
- 2. statements of income received from other sources while disabled;
- evidence that due application has been made for all other available benefits;
- tax returns, tax statements, and accountants' statements; and 4.
- 5. any other Proof that We may reasonably require.

We may perform financial audits at Our expense as often as We may reasonably require.

Reconsideration Of A Denied Claim

You may request Us to review Our denial of all or part of Your claim. This request must be in writing and must be received by Us no more than 180 days after You receive notice of Our claim decision. As part of this review, You may:

- Send Us written comments;
- Review any non-privileged information relating to Your claim; and
- Provide Us with other information or Proof in support of Your claim.

We will review Your claim promptly after receiving Your request. We will advise You of the results of Our review within 45 days after We receive Your request, or within 90 days if there are special circumstances that require more time. If We request additional information, You will have 45 days to respond to Our request, and We will send written notice of Our claim decision within 30 days after We receive Your response. Our decision will be in Writing and will include reference to specific Policy provisions, rules or guidelines on which the decision was based, and notice to You of Your right to bring a civil action.

Section II. **ERISA Information**

The following statement is required by federal law and regulation:

As a participant of the Employee Welfare Benefit Plan, you are entitled to valuable financial protection – beyond your paycheck – that is provided by this plan. These benefits have been summarized and described for you in this Certificate so that you will have the facts you need for reference.

Your employee welfare plan benefits have been affected by The Employee Retirement Income Security Act of 1974 (ERISA) since September 2, 1974. ERISA was signed into law to provide additional protection of your rights under this plan. The law does not require a company to provide benefits, but it does set standards for any benefits a company wishes to offer. It also requires that you be fully informed of the benefits you can expect to receive and your rights under ERISA.

It is your right to know about your benefit plans in detail. Therefore, in addition to the information provided in this Certificate, you will receive each year - at no cost - a summary of the annual report of the plan's financial activities. You can also review the various plan documents at your place of work or receive copies of them at reasonable cost, if you file a written request with the Plan Administrator.

You also have a right to expect that the people who are responsible for the activities of the plan, who are called fiduciaries, act prudently and in your best interest. The plan fiduciaries have always acted in this manner, and have a commitment to the company to continue to do so. They also have a commitment under ERISA to make up any losses they may cause the plan through any imprudence.

If your claim for a benefit is denied in whole or in part you must receive a written explanation of the reason for the denial. You have the right to have the plan review and reconsider your claim.

There are steps you can take to enforce your rights. You have a right to file suit if:

- A fiduciary has misused funds;
- The company improperly denies you a benefit;
- The company fails to furnish within 30 days any documents you have requested in writing; or
- The company discriminates against you for asserting your rights.

We doubt that will ever happen, but the right to file suit and to get the Department of Labor to help you is yours. The court will decide who should pay court costs and legal fees and could require the Plan Administrator to provide materials you requested and pay you up to \$110 a day until you receive the materials. If you are successful the court may order the person you have sued to pay these costs and fees.

If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

The company cannot dismiss you or discriminate against you to prevent you from obtaining benefits or exercising your rights under ERISA.

If you have any questions about this plan or your rights under ERISA, please contact the Plan Administrator who will be glad to help you. You can also obtain such information at the nearest Area Office of the U.S. Labor-Management Service Administration, Department of Labor.

FOR YOUR INFORMATION CLAIMS DISCLOSURE NOTICE REQUIRED BY ERISA

The certificate contains information on reporting claims, including the time limitations on submitting a claim. Claim forms may be obtained from the Plan Administrator or Anthem Blue Cross Life and Health. In addition to this information, if this plan is subject to ERISA, ERISA applies some additional claim procedure rules. The additional rules required by ERISA are set forth below. To the extent that the ERISA claim procedure rules are more beneficial to you, they will apply in place of any similar claim procedure rules included in the certificate. This Claims Disclosure Notice Required by ERISA is not a part of your certificate.

A decision for a disability claim will be made by Anthem Blue Cross Life and Health within 45 days of the date the claim is filed. Under special circumstances, this decision may take up to another 60 days. You will be notified and the reason for the delay will be explained to you. The decision will be sent to you in writing.

If your claim for a welfare benefit is denied or ignored, in whole or in part, you have a right to know why this was done, upon request obtain copies of the claim file and other documents relevant to the decision without charge, and to appeal any denial, all within certain time schedules.

If you do not understand our decision or you are not satisfied with it, you may request a review of the denied claim within 180 days of receipt of written notice that your claim has been denied. You may also review the pertinent documents and submit comments in writing.

A decision must be made within 45 days after the request for review is made, unless circumstances of the claim require an extension, in which event the decision will be made as soon as possible, but not longer than 90 days after the request for review is made.

The written notice will explain the reason for the adverse benefit determination and the specific Policy provisions, internal rules, guidelines, protocols, standards or other similar criteria of the Policy on which the decision was based, or a statement that none were used.

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Note: You, your beneficiary, or a duly authorized representative may appeal any denial of a claim for benefits with Anthem and request a review of the denial. In connection with such a request:

- Documents pertinent to the administration of the Plan may be reviewed free of charge; and
- Issues outlining the basis of the appeal may be submitted.

You may have representation throughout the appeal and review procedure.

Section III.	Notice of Privacy Practices	

Note: The following Notice of Privacy Practices is not a part of Your Certificate of Coverage and does not modify your insured benefits.

STATE NOTICE OF PRIVACY PRACTICES

We keep the health and financial information of our current and former members private as required by law, accreditation standards, and our rules. This notice explains your rights. It also explains our legal duties and privacy practices. We are required by state law to give you this notice.

Your Personal Information

We may collect, use, and share your nonpublic personal information (PI) as described in this notice. If we use or disclose PI for underwriting purposes, we are prohibited from using or disclosing PI that is genetic information of an individual for such purposes.

PI identifies a person and is often gathered in an insurance matter. Because PI is defined as any information that can be used to make judgments about your health, finances, character, habits, hobbies, reputation, career and credit, we take reasonable safety measures to protect the PI we have about you.

Collection of Personal Information

We may collect PI about you. PI may be about your health. It may also be demographic, such as your name, address, and birth date or financial, such as your credit card number. In most cases, you are our most important source for this information. We may also collect or check PI by speaking to others, such as your doctor or hospital. We may also contact other insurance companies to whom you have applied. We collect PI about your dealings with us and others acting on our behalf. This includes data about claims, medical history, eligibility, and payment. We may collect this PI by letter, telephone, personal contact, or electronic request.

Sharing Personal Information

Your PI is used to manage your coverage well. We do not share the PI of current or former members with others unless you tell us that it is OK for us do so. We will only share PI without your OK when allowed by law. Here are some samples of when we may give PI to others:

- To third parties that do services for us. They must agree to protect your PI as required by law.
- To third parties so they can give us PI to determine eligibility for benefits or to spot or put a stop to criminal action, fraud, or misrepresentation.
- To our agents and brokers, other insurance companies, self-insured groups, or insurance support groups as needed to spot or put a stop to criminal action, fraud, or misrepresentation.

State Long Notice 2010 # 2010 - S2

- To our agents and brokers, other insurance companies, self-insured groups, or insurance support groups as needed to give you the right service or to carry out an insurance matter that has to do with you or a covered member of your family. For example, we may share PI with another insurance company to help manage insurance benefits. In some states, the person who gets the information is not allowed to share it with others without your OK unless you are told about it ahead of time and are given a chance to find out if your PI was shared.
- To a doctor, hospital, or other medical provider to confirm coverage or benefits. To tell you about a medical problem that you may not be aware of. To carry out an operational or service audit.
- To insurance regulatory agencies.
- In response to a court order. This includes a search warrant or subpoena.
- To law enforcement or governmental authority to protect ourselves against an act of fraud, or if we reasonably believe that illegal activities have taken place.
- To industry and professional groups who carry out actuarial and research studies. Normally, the results of such studies benefit our members and the general public. That is why we would share data for that type of purpose. PI is removed to a point that it is still useful before sharing it with researchers. If it is shared, you will not be identified in any report that results from the research. All PI given to researchers is treated in a private manner.
- To your group health plan if reasonably needed to report claims experience or carry out an audit of our services. In some states, we are only allowed to give information on a group level (no PI) for these reasons.
- To a peer review group for review of the service or conduct of a doctor, hospital, or other medical provider.
- To a policyholder to give them information on the status of an insurance matter.
- To the government to decide your eligibility for health benefits if the government may be held responsible.
- To state governments to protect the public health and welfare. But only as needed to allow them to perform their duties when reporting is required or allowed by law.
- To an affiliate when it has to do with an audit of our company, or for marketing an insurance product or service. The affiliate must agree not to share the PI for any other reason or to those who are not affiliated. In some states, we may not share health care information for these reasons. In some states, we are required to get your OK in writing before we share any PI for these reasons.
- To a party to a sale, merger, or consolidation of all or part of our business. We can only share the PI reasonably needed to allow the person getting it to make business choices about the purchase. The person who gets the PI agrees not to share it with others unless allowed by state law.
- To a person who we know has a legal or beneficial interest in an insurance policy. No medical record information is shared unless allowed by state law. Only PI reasonably needed to allow such person to protect his or her interests in such policy is shared.
- To a non-affiliated party to market a product or service. In these cases, information that has to do with your medical records, character, habits, mode of living or reputation, is not shared. The non-affiliated party will only use the limited information to market the product or service. We will only share your information in this way if we gave you the

chance to opt-out (see below). In some states, and under HIPAA, we may only share your PI with third parties for marketing reasons if we get an OK in writing from you. - As otherwise allowed or required by law.

Information obtained from a report prepared by an insurance support group may be kept by the group and made known to other persons. These groups are companies that routinely take part in gathering data about persons just to give the data to an insurance company.

Opt-out Opportunity

If we take part in an activity that would require us to give you a chance to opt-out, we will contact you. We will tell you how you can let us know that you do not want us to use or share your PI for that activity.

Your Rights

Under state law, you have a number of rights that have to do with your PI.

Access. You may ask for access to certain recorded PI that we can reasonably locate and get for you.

Amendment. You may ask us to correct, change, or delete recorded PI we have if you think it is wrong.

To ask for access or to change your PI, call Customer Service at the phone number printed on your ID card. They can give you the address to send the request. They can also give you any forms we have that may help you with this process. We will need your full name, address, date of birth, all ID numbers and details about what PI you want to access or change.

How we protect information

We are dedicated to protecting your PI. We set up a number of policies and practices to help make sure this PI is kept secure.

We keep your oral, written, and electronic PI safe using physical, electronic, and procedural means. These safeguards follow federal and state laws. Some of the ways we keep your PI safe include offices that are kept secure, computers that need passwords, and locked storage areas and filing cabinets. We require our employees to protect PI through written policies and procedures. The policies limit access to PI to only those employees who need the data to do their job. Employees are also required to wear ID badges to help keep people who do not belong, out of areas where sensitive data is kept. Also, where required by law, our affiliates and non-affiliates must protect the privacy of data we share in the normal course of business. They are not allowed to give personal information to others without your written OK, except as allowed by law.

Complaints

If you think we have not protected your privacy, you can file a complaint with us. We will not take action against you for filing a complaint.

Contact Information

Please call Customer Service at the phone number printed on your ID card, they can help you apply your rights, file a complaint, or talk with you about privacy issues.

Copies and Changes

You have the right to get a new copy of this notice at any time. Even if you have agreed to get this notice by electronic means, you still have the right to a paper copy. We reserve the right to change this notice. A revised notice will apply to PI we already have about you as well as any we may get in the future. We are required by law to follow the privacy notice that is in effect at this time. We may tell you about any changes to our notice in a number of ways. We may tell you about the changes in a member newsletter or post them on our website. We may also mail you a letter to tell you about changes.

Si necesita ayuda en español para entender este documento, puede solicitarla sin costo adicional, llamando al número de servicio al cliente que aparece al dorso de su tarjeta de identificación o en el folleto de inscripción.

This Notice is provided by the following companies:



Section IV.

Value Added Services

Note: The following additional services are not a part of Your Certificate of Coverage and do not modify your insured benefits.

The Value Added Services are provided based on negotiated agreements between the insurance company and certain service providers. Although the insurance company endeavors to make these services available to all policyholders and certificateholders as described below, modifications to our agreements with service providers may require that services be periodically modified or terminated. Such modification or termination of services may be made based on cost to the insurer, availability of services, or other business reasons at the discretion of the insurer or service providers.

Resource Advisor 1.

When you feel pressure from everyday problems like work-related stress or family issues, Resource Advisor can help you get emotional, legal and financial support. No issue is too big or too small – and there's no extra cost to you.

Call us – support is one phone call away 24/7

You and your family can talk to a Resource Advisor counselor by phone who can:

- Give you advice and arrange for up to three visits with a counselor, if you need it.
- Put you in touch with a financial advisor if you have money problems.
- Connect you with a lawyer if you need legal help. You can meet by phone or in person.

Let us help if your identity is stolen

If your wallet or purse is lost or your identity stolen, we'll assign a Fraud Resolution Specialist to help get your identity back and restore your good credit.

Services include:

- Placing "fraud alerts" on credit reports and with creditors.
- Closing bank and credit card accounts where your identity is an issue.
- Arranging a phone meeting with a financial counselor.
- Setting up a meeting with a lawyer on issues around the identity theft (each visit must be for a separate issue.)

Page 1 Value Added Services Resource Advisor

Go online for help any time... and a lot more

When you visit www.ResourceAdvisor.Anthem.com, you'll find:

- Tips on handling difficult life events and a depression screening tool.
- Parenting information. There's even a child and elder care provider finder.
- Financial tools to help you plan for major purchases or life events.
- You and your family members can register for identity monitoring at no cost.
- State-specific online wills and a legal library.

Give added support to beneficiaries when they need it most

Providing your loved ones with a little extra comfort and emotional support after you're gone is a lasting gift. Resource Advisor gives your beneficiaries:

- Three meetings with a mental health professional.
- Meetings with a legal and/or financial professional.
- Copies of The Healing Book: Facing the Death and Celebrating the Life of Someone You Love. This is a great resource book to talk to children about loss.
- Beneficiary Companion* services to help your family with estate details like closing bank accounts, credit cards and utilities.

Keep Resource Advisor close at hand. Just cut out and carry this wallet card.

Get support, advice and resources 24/7.

Call 888-209-7840 or visit www.ResourceAdvisorCA.Anthem.com

Then log in with the program name: **AnthemResourceAdvisor**

Note: if you retire, you can only use Resource Advisor until your retirement starts.

Page 2 Value Added Services Resource Advisor

^{*}Beneficiary Companion services are provided by Europ Assistance USA, an independent company providing these services on behalf of Anthem Blue Cross Life and Health.

2. Save money with SpecialOffers@Anthem

Saving money is good. Saving money on things that are good for you – that's even better. With SpecialOffers@Anthem, you can receive discounts on products and services that help promote better health and well being. And, there's no extra cost to you. SpecialOffers@Anthem is just one of the perks of being a member.

Log on to <u>www.anthem.com/ca/specialoffers</u> for details on discounts in categories like Family & Home, Fitness & Health, Medicine & Treatment, Vision, Hearing & Dental.

Anthem Blue Cross Life and Health Insurance Company 21555 Oxnard Street Woodland Hills, CA 91367 Phone: 818-234-2700



Offer Letter

Michael Darden

September 8, 2020







Welcome to Nuro!

We started Nuro in 2016 with the mission of bringing the benefits of robotics to everyday life. Since then, we have made significant progress against that goal but the thing we're most proud of is bringing together the most talented cross functional team on the planet. We're really excited that you've decided to join our team. We look forward to welcoming you to Nuro and can't wait to see how your contribution will advance our mission.

- Dave Ferguson & Jiajun Zhu







Role Summary

POSITION:

L&D, Instructional Designer

START DATE:

September 14, 2020

LOCATION:

Mountain View, CA

MANAGER:

Katharine Cusack, Technical Training & Development Lead

SIGN OFFER BY:

September 8, 2020





Compensation Summary

ANNUAL SALARY:

OPTIONS GRANTED:

\$125,000

10,000

ANNUAL BONUS:

\$8,750





Equity

Stock Options:

The stock option is an agreement between the employee and the company which issues the options, allowing the employee to buy the common stock of the company at a predetermined price (strike price¹). Nuro offers Incentive Stock Options (ISO), which is taxed as capital gains and not as income.

ISO

Value Calculation:

Preferred Stock Price2:

\$8.25/share

Vesting Schedule:

4 year vesting schedule with 1 year cliff

Equity =	(Preferred Price - Strike Price)	x	# of Shares
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YEAR 1	YEAR 2	YEAR 3	YEAR 4
1/4	1.43	1 48	1 48
Annual Vest	Monthly Vest	Monthly Vest	Monthly Vest

¹ Strike price is the specified price at which an option can be exercised, or bought. The strike price for your options will be the fair market value of the Company's Common Stock on the date of grant as determined at the next Board meeting.

² The preferred price (also market price) is the most recent face value of the preferred stock issued to our investors, and is a helpful metric for evaluating your stock options (the preferred price is different from the common stock price) since Nuro is not publicly traded. The price is based on the Company's most recent financing valuation and is not a guarantee of present or future value. Future valuations of the Company may be higher or lower.



Key Highlights



World-class team



Significant upside in AV Trucking (Ike)



Industry-leading, general AV tech



Goods focus offers faster path to commercialization



Huge TAM: >\$1T Opportunity



Significant progress on Partnerships



LT OEM Partner for Vehicle Program



>\$1B funding raised (Greylock, SoftBank)



Launching first city-level unmanned autonomous delivery service



Leadership Position in Autonomous Goods Delivery



Employee Benefits



Daily catered lunch and dinner, Snacks and drinks supplied



Paid holidays plus flexible time off for exempt Nurons, or generous PTO for non-exempt ones



Commuter benefits include: Pre-tax transit saving card & 100% coverage for Caltrain Go Pass



Dog-friendly office



Aid in paying off your student loans



10 weeks paid for both moms & dads



Medical/Dental/Vision



Meaningful equity opportunity



24/7 support for your mental well-being



Legal Language

Subject to Board approval, the Company shall grant to you an option to purchase up to **10,000** shares of the Company's Common Stock pursuant to its 2016 Equity Stock Option Plan. The option shall vest (i) with respect to 1/4th of the option vesting on that date that is 12 months after the commencement of your full time employment by the Company (the "Commencement Date"), and (ii) the remaining 3/4th then vesting at the rate of 1/48th on the expiration of each month from month 13 through month 48 after the Commencement Date. The exercise price for your option will be the fair market value of the Company's Common Stock on the date of grant as determined by the Board.

Nuro Bonus Program - The target bonus will be equivalent to \$8,750 Bonuses will be prorated for employees who join during the performance period. The purpose of the Nuro bonus program is to incentivize employees to achieve objectives and key results critical to the Company's success. Company, team, and individual performance and results will be considered in determining the actual bonus amount. Bonus plan specifics and conditions will follow.

By accepting this offer, you represent and warrant that your employment with the Company will not violate any agreements, obligations or understandings that you may have with any third party or prior employer. You agree not to make any unauthorized disclosure to the Company or use on behalf of the Company any confidential information belonging to any of your former employers (except in accordance with agreements between the Company and any such former employer). You also warrant that you do not possess any property containing a third party's confidential and proprietary information. Of course, during your employment with the Company, you may make use of information generally known and used by persons with training and experience comparable to your own, and information which is common knowledge in the industry or is otherwise legally available in the public domain.



Legal Language Continued

As a Company employee, you will be expected to abide by all Company policies and procedures, and as a condition of employment: 1) sign and comply with the Company's standard confidentiality agreement which prohibits unauthorized use or disclosure of Company confidential and proprietary information or the confidential information of the Company's clients, along with an assignment of rights to any inventions made during your employment at the Company, and which will be provided to you on your first day of employment; and 2) sign the Company's Alternative Dispute Resolution Agreement, which will be provided to you on your first day of employment.

You may terminate your employment with the Company at any time and for any reason whatsoever simply by notifying the Company. Likewise, the Company may terminate your employment at any time and for any reason whatsoever, with or without cause or advance notice. This at-will employment relationship cannot be changed except by a writing authorized and signed on behalf of an officer of the Company and signed by you.

You will also be eligible to receive all other benefits the Company may provide to its employees, after your enrollment following your start date, and subject to the terms and conditions of those benefit plan offerings. The Company reserves the right to modify your compensation and benefits from time to time, as it deems necessary.

This letter agreement, along with the standard confidentiality agreement and the Alternative Dispute Resolution Agreement noted within, constitutes the complete, final and exclusive embodiment of the entire agreement between you and the Company with respect to the terms and conditions of your employment, and it supersedes any other agreements or promises made to you by anyone, whether oral or written. This job offer is contingent upon the completion of a satisfactory background and/or reference check and legal proof of authorization to work in the U.S.

If you choose to accept our offer under the terms described above, please indicate your acceptance by signing below no later than **{{OL FINAL SIGN DATE}}.** {{IMMIGRATION OFFER SECTION}}





Offer Letter Acceptance

JIAJUN ZHU, CEO	
DATE	
ACCEPTED BY:	
MICHAEL DARDEN	
DATE	





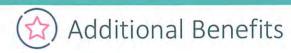
We invest in your wellbeing

LONG TERM DISABILITY

As an organization, one of our top priorities is to maintain the health and wellbeing of our employees and their families. To achieve this goal, we are offering a robust and comprehensive program with a variety of options to best meet your needs.

	Eligibility	All full-time employees and their dependents are eligible for benefits starting on their date of hire
•••	Health	
	MEDICAL	Kaiser Permanente HMO 20, Kaiser Permanente HSA 1500, Anthem Blue Cross HMO 20, Anthem Blue Cross PPO 250, Anthem Blue Cross EPO, Anthem Blue Cross HSA 1500
	DENTAL	Cigna HealthCare Dental PPO Base & Cigna HealthCare Dental PPO Premier
	VISION	Cigna HealthCare Vision
£3	Retirement	
\$	401(k)	Offered through Vanguard. You are eligible on the first of the month following 1 month of service. Employees can make both pre-tax (Traditional) and post-tax (Roth) contributions. Additional After-Tax (Non-Roth) contributions with In-Plan Roth Conversions are also available.
	Pre-Tax Benefits	
	COMMUTER	Pre-tax account for parking and transit
	FLEXIBLE SPENDING ACCT (FSA)	Pre-tax Health Care or Dependent Care (day care) accounts available
	HEALTH SPENDING ACCT (HSA)	Pre-tax savings account to use on medical expenses in conjunction with an HSA medical plan
	Income Protection	
	LIFE INSURANCE	Anthem Blue Cross 1 x Salary to \$250,000
	VOLUNTARY LIFE	Anthem Blue Cross Voluntary life insurance for employees & families
	SHORT TERM DISABILITY	Anthem Blue Cross 60.00% to \$2,500 per week

Anthem Blue Cross 60.00% to \$10,000 per month



Anthem Future Moms	Future Moms program helps mothers-to-be have healthier pregnancies and longer-term babies.
Anthem LiveHealth Online	Two-way video chat with board-certified physician without leaving your house.
Anthem Programs	When you use your health care services, there are some important things to know that could save you time and money, and keep you feeling your best, including discounts, health coaching, and more
Kaiser HealthyLifestyles	These personalized online programs can help you create an action plan to reach your health goals, such as losing weight, quitting smoking, reducing stress, and more.
Kaiser Mental Health	Members with mental, emotional, and addiction issues can access a broad range of care options. If you need treatment, we'll work together to create a care plan based on your unique needs and goals.
Kaiser Thrive Maternity	Learn what to expect from 1st Trimester through life with a baby on Kaiser's interactive maternity portal.
Kaiser Video Visits	Convenient access to a doctor from home or office using your laptop or smartphone.
Perkspot	Receive gym discounts, travel discounts, and more through Perkspot.
Petplan	Petplan helps you with your pet insurance. Use code SEQUOIA to receive at least a discount.
Gradifi	Gradifi provides great service and low rates for student loan refinancing. Parents can also reach out to Gradifi to talk about college savings.
Care@Work	Care@Work allows you to find care when you need it.
Ginger	Ginger offers support, guidance, therapy, and medication support from professional coaches, licensed therapists, and psychiatrists, respectively.
Gympass	Gympass drives engagement and improve individual performance.
ANTHEM BLUE CROSS EAP	24/7 access to online resources and unlimited phone consultations for stress, grief counseling, depression and relationship conflicts (personal and professional)
ANTHEM BLUE CROSS TRAVEL ASSIST	Get travel assistance when traveling 100 miles or more for 90 days or less

E Summary of Medical, Dental, and Vision Contributions

Monthly Contributions: What you pay each month to have insurance.

Medical Plan	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	EMPLOYEE + FAMILY
Kaiser Permanente HMO 20 – CA Only	\$45.00	\$205.00	\$190.00	\$280.00
Anthem Blue Cross HMO 20 – CA Only	\$45.00	\$195.00	\$160.00	\$270.00
Anthem Blue Cross PPO 250	\$45.00	\$200.00	\$165.00	\$280.00
Anthem Blue Cross EPO – outside CA	\$45.00	\$200.00	\$165.00	\$280.00
Kaiser Permanente HSA 1500 – CA Only	\$15.00	\$165.00	\$150.00	\$220.00
Anthem Blue Cross HSA 1500	\$15.00	\$165.00	\$135.00	\$230.00
HSA Employer Contributions	\$41.67	\$125.00	\$125.00	\$125.00

Dental Plan	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	EMPLOYEE + FAMILY
Cigna HealthCare Dental PPO Base	\$4.00	\$16.00	\$17.00	\$28.00
Cigna HealthCare Dental PPO Premier	\$15.00	\$37.00	\$37.00	\$62.00
Vision Plan	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	EMPLOYEE + FAMILY
Cigna HealthCare Vision	\$1.00	\$3.00	\$3.00	\$5.00

^{*}If you choose to add a domestic partner to your benefits, imputed income may apply.

☐ Getting Started



When it's time to enroll, you will receive an email with the necessary link to get started with enrollment and election of your benefits.

YOUR BENEFITS PORTAL:	https://access.paylocity.com			
	Company Code: 55624			
	Username: First Initial + Last Name			
	eg. John Smith (JSmith)			
ELIGIBILITY	You are eligible for benefits on your date of hire if you are a regular, full-time employee unless otherwise specified by your employer.			
ENROLLING DEPENDENTS	You may also enroll eligible dependents for benefit coverage. When covering dependents you must select the same plans for your dependents as you select for yourself.			
DEPENDENTS INCLUDE	✓ Your legal spouse or qualified domestic partner			
	✓ Your children, which may include natural, adopted, or stepchildren			
	✓ Your qualified domestic partner's children			
	✓ Note: Your parents and siblings are not eligible dependents			
QUALIFYING EVENTS	A qualified event allows you to add or remove dependents from the plan within 30 days o the qualifying event.			
	Typical qualifying events include:			
	✓ Marriage, divorce, termination of a domestic partner			
	✓ Birth or adoption of a child			
	✓ Death of a spouse or dependent			
	✓ End in your spouse's employment or group insurance coverage			

E Common Insurance Terms

There are many insurance terms, words and phrases you should know. Use the below list to better understand what the terms mean.

Deductible	The set dollar amount a member must pay before insurance coverage for medical expenses can begin.
Coinsurance	The percentage of the charges the member is required to pay for a medical service in a plan after the deductible has been met. For example, the insurance company may pay 80% of the covered claim, and the member pays the remaining 20%.
Copayment / Copay	The flat fee paid by the member when a medical service is received, i.e. \$20 for a doctor's visit or \$20 for a prescription. Copays do not apply to the deductible.
Out-of-Pocket Maximum (OOP)	The maximum amount the member would have to pay in a plan year for eligible expenses. After reaching the Out-of-Pocket Maximum, the plan pays 100% of the allowable charges for covered services in network for the remainder of the plan year.
Network Provider	A network provider is a hospital, doctor, medical group, and/or other healthcare provider contracted to provide services to insurance company customers for less than their usual fees.
Out-of-Network Provider	An Out-of-Network provider is a hospital, doctor, medical group, and/or other healthcare providers who are not contracted to provide services to insurance company customers for less than their usual fees and contracted fee's and can charge the member as much as they wish.
PPO	PPO stands for Preferred Provider Organization. It is a group of hospitals and physicians that are contracted with insurance companies to provide medical services. Out of pocket costs are lower when a provider is used within the PPO network (called In-Network).
НМО	HMO stands for Health Maintenance Organization. An HMO is a managed care plan that requires you to receive your medical care from hospitals and doctors in the HMO network. Your Primary Care Physician (PCP) coordinates your medical care and refers you to specialists (within their medical group) and hospitals as necessary.



What if I choose an Out-of-Network provider for my medical plan?

- Out-of-Network Providers can charge whatever they want for a service while In Network Providers only charge the prenegotiated rate.
- Out-of-Pocket costs for your services will be more.

Since the Out-of-Network Provider can charge whatever they want, you will be "balance billed" for the difference between what the provider charges and the insurance carrier's allowed amount. You will be responsible for paying the difference.

What would the cost to you be if a provider charges \$10,000 for services?

In-Network	Provider	Out-of-Netwo	ork Provider
Provider's charge for service	\$10,000	Provider's charge for service	\$10,000
Provider's allowed amount	\$6,000	Provider's allowed amount	\$6,000
Patient's deductible	\$250	Patient's deductible	\$500
Patient's coinsurance (10% of allowed amount after deductible)	10% x \$5,750 = \$575	Patient's coinsurance (30% of allowed amount after deductible)	30% x \$5,500 = \$1,650
	Insurance pays the rest	Balance between allowe	d amount and provider's fee
Total patient responsibility	\$825	Total patient responsibility	\$6,150





- · Available in California only.
- You receive medical care from hospitals and doctors in the HMO network.
- · Your selected Primary Care Physician (PCP) coordinates all your healthcare, including office visits, prescription medications, and referrals to specialists.
- In-network preventative medicine is covered 100% by your plan.
- For other office visits and procedures, you pay a set amount (called copay).
- Amounts shown below represent what YOU will be responsible for paying.

Anthem HMO

	In Network	
Deductible - Single	None	
Deductible - Family	None	
Out of Pocket Max - Single	\$1,500 per member	
Out of Pocket Max - Family	\$3,000 per family	
Urgent Care	\$20 copay per visit	
Emergency Room	\$100 copay per visit	
Office Visit	\$20 copay per visit	
Rx – 30 day supply	\$5 or \$15: Tier 1	
	\$25: Tier 2	
	\$45: Tier 3	
	30% after deductible up to \$250/Rx: Tier 4	

Kaiser HMO

	In Network	
Deductible - Single	None	
Deductible - Family	None	
Out of Pocket Max - Single	\$1,500 per member	
Out of Pocket Max - Family	\$3,000 per family	
Urgent Care	\$10 copay per visit	
Emergency Room	\$100 copay per visit	
Office Visit	\$10 copay per visit	
Rx – 30 day supply	\$10: Tier 1	
	\$20: Tier 2	
	20% after deductible up to \$200/Rx: Tier 3	

20% after deductible up to \$200/RX: Her 3



- You can choose to receive medical care from hospitals and doctors of your choice, but you get the greatest cost savings when
 you utilize providers in the PPO network.
- You can see specialists at any time without needing a referral from your primary doctor.
- PPO plans have an annual deductible, or set dollar amount, you must pay before the insurance carrier begins paying their portion of medical expenses.
- After the deductible amount is met, you are responsible for the coinsurance, which is a percentage of the total cost for services, up to the Out-of-Pocket Maximum, at which point the plan pays 100% of all costs.
- You pay nothing Out-of-Pocket for In-Network preventive care.
- · Amounts shown below represent what YOU will be responsible for paying.

Anthem Blue Cross PPO 250

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	In Network	Out of Network	
Deductible - Single	\$250 per member	\$750 per member	
Deductible - Family	\$750 per family	\$2,250 per family	
Out of Pocket Max - Single	\$2,500 per member	\$7,500 per member	
Out of Pocket Max - Family	\$5,000 per family	\$15,000 per family	
Urgent Care	\$20 copay per visit	30% after deductible	
Emergency Room	\$150 copay per admission + 10% coinsurance	\$150 copay per admission + 10% coinsurance	
Office Visit	\$20 copay per visit	30% after deductible	
Rx – 30 day supply	\$5 or \$15: Tier 1 \$30: Tier 2 \$50: Tier 3 30% after deductible up to \$250/Rx: Tier 4	Member pays the full retail price and submits claim form for reimbursement up to 50% of the remaining prescription drug maximum allowed amount. Specialty not covered.	



- Do not need to assign a Primary Care Physician (PCP).
- Available to residents outside of CA.
- You pay nothing Out-of-Pocket for In-Network preventive care.
- Amounts shown below represent what YOU will be responsible for paying.

Anthem Blue Cross EPO

	In Network	Out of Network
Deductible - Single	None	\$3,000 per member
Deductible - Family	None	\$9,000 per family
Out of Pocket Max - Single	\$2,500 per member	\$9,000 per member
Out of Pocket Max - Family	\$5,000 per family	\$18,000 per family
Urgent Care	\$20 copay per visit	50% after deductible
Emergency Room	\$100 copay per admission	\$100 copay per admission
Office Visit	\$20 copay per visit	50% after deductible
Rx – 30 day supply	\$5 or \$15: Tier 1	Member pays the full retail price and submits
	\$30: Tier 2	claim form for reimbursement up to 50% of
	\$50: Tier 3	the remaining prescription drug maximum
	30% after deductible up to \$250/Rx: Tier 4	allowed amount. Specialty not covered.

Medical HSA Plans

How does this plan work?

- Members of HSA plans are eligible for a tax-free Health Savings Account (HSA). More on the next page.
- You can choose to receive medical care from hospitals and doctors of your choice, but you get greater cost savings when you
 utilize providers in the network.
- HSA plans have a high annual deductible, or set dollar amount, that you must pay before the insurance carrier begins paying for medical expenses.
- After the deductible amount is met, you are responsible for the coinsurance, which is a percentage of the total cost for services, up to the Out-of-Pocket Maximum, at which point the plan pays 100% of all costs.
- You pay nothing Out-of-Pocket for In-Network preventive care.
- · Amounts shown below represent what YOU will be responsible for paying.

Anthem Blue Cross HSA

	In Network	Out of Network
Deductible - Single	\$1,500 per member	\$4,500 per member
Deductible - Family	\$2,700 per individual	\$4,500 per individual
	\$3,000 per family	\$9,000 per family
Out of Pocket Max - Single	\$3,000 per member	\$9,000 per member
Out of Pocket Max - Family	\$6,000 per family	\$18,000 per family
Urgent Care	10% after deductible	30% after deductible
Emergency Room	10% after deductible 10% after deductible	
Office Visit	10% after deductible	30% after deductible
Rx – 30 day supply	\$5 or \$15 after deductible: Tier 1	Member pays the full retail price and submits claim
	\$40 after deductible: Tier 2	form for reimbursement up to 30% of the remaining
	\$60 after deductible: Tier 3	prescription drug maximum allowed amount. Specialty not covered.
	30% after deductible up to \$250/Rx: Tier 4	specialty not covered.

Kaiser HSA

	In Network	
Deductible - Single	\$1,500 per member	
Deductible - Family	\$2,700 per family	
Out of Pocket Max - Single	\$3,000 per member	
Out of Pocket Max - Family	\$6,000 per family	
Urgent Care	10% after deductible	
Emergency Room	10% after deductible	
Office Visit	10% after deductible	
Rx – 30 day supply	\$10 after deductible: Tier 1	
	\$30 after deductible: Tier 2	
	20% after deductible up to \$200/Rx: Tier 3	



Health Savings Accounts (HSA)

MAXIMUM
CONTRIBUTION
AMOUNT

EMPLOYEE ONLY

EMPLOYEE + FAMILY

Up to \$3,550 annually for 2020

Up to \$7,100 annually for 2020

Members between the ages of 55 through 65 are eligible to make "catch-up" contributions up to an additional \$1,000 annually.

WHAT EXPENSES ARE ALLOWED?

ELIGIBLE EXPENSES

INELIGIBLE EXPENSES

NOTE: THIS IS A PARTIAL LIST, REFER TO IRS.GOV FOR MORE INFO

- Medical, dental, and vision deductibles
- Prescription medication copays
- Acupuncture and chiropractor
- Labs and x-rays

- · Over-the-counter medication
- Cosmetic or elective surgery
- Personal trainers
- Marriage or career counseling

ELIGIBILITY

- You may participate in an HSA if:
 - You have no other health coverage, unless the other plan is also an HSA-eligible health plan.
 - o You aren't enrolled in Medicare.
 - o You can't be claimed as a dependent on someone else's tax return.

ADVANTAGES OF AN HSA

- HSA funds can be used to pay for medical, dental, vision, alternative medicine, long term care premiums, COBRA, and other covered services.
- When used for eligible medical expenses, HSA funds are tax-free.*
- Contributions are tax-deductible and earnings grow tax-free.*
- HSA funds roll over from year-to-year.
- HSA accounts are portable and yours to keep regardless of your employer or insurance carrier.
- · Deposits can be invested in mutual funds.

THINGS TO CONSIDER

- Plans eligible for HSAs come with a high annual deductible.
- High-Deductible Health Plans and Health Savings Accounts can seem more complicated than traditional health plans. Take the time to fully understand how your plan works.
- Members will need to save receipts for eligible expenses for tax filing purposes.

HOW TO OPEN YOUR HSA

Discovery Benefits

www.discoverybenefits.com



- Dental plans offer flexibility to see any dentist or specialist In or Out-of-Network.
- · Costs are lowest when enrollee visits a participating network provider.
- No ID cards needed! Simply provide the identifying information requested by the dental office.

	DENTIST CHARGES	DEDUCTIBLE PER MEMBER	ANNUAL BENEFIT MAXIMUM	PREVENTIVE SERVICES**	BASIC SERVICES**	MAJOR SERVICES**	ORTHO	ORTHO LIFETIME MAXIMUM
Cigna HealthCar	re Dental PF	PO Premier \$25	\$2,500	0%	10%	40%	50% for	\$1,500
IN-NETWORK	Schedule	\$23	\$2,300	076	10/6	40%	Adult and Child	\$1,500
OUT-OF-NETWORK	95% UCR*	\$25	\$2,500	0%	10%	40%	50% for Adult and Child	\$1,500
Cigna HealthCar	re Dental PF	PO Base	\$1,500	0%	20%	50%	N/A	N/A
	Schedule	,,,,	*****					
OUT-OF-NETWORK	90% UCR*	\$50	\$1,500	0%	20%	50%	N/A	N/A

^{*} Usual, customary, and reasonable amount (UCR) is the amount reimbursed to providers based on the prevailing fees in a specific area.

^{**} Please refer to the plan summary for detailed information about these categories of service.

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How does this plan work?

- Vision plans offer flexibility to see any optometrist or specialist In or Out-of-Network.
- Costs are lowest when enrollee visits a participating network provider.
- No ID cards needed! Simply provide the identifying information requested by the vision office.

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	(EVERY 12 MONTHS)	(EVERY 12 MONTHS)	(EVERY 12 MONTHS)	(EVERY 12 MONTHS)
Cigna HealthCar	e Vision			
IN-NETWORK	\$10 (combined with materials copay)	\$15 (combined with exam copay)	\$150 allowance	\$180 allowance
OUT-OF-NETWORK	Reimbursed up to \$45	Reimbursed up to Single: \$40 Lined bifocal: \$65	Reimbursed up to \$120	Reimbursed up to \$100
		Lined trifocal: \$75		

CONTACT LENSES COPAY

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How does this benefit work?

- · Life insurance is designed to provide protection for you and your family against loss of income due to accidental death.
- For life insurance, make sure that your beneficiary (or multiple beneficiaries) are designated properly to ensure that your benefits are paid out according to your specifications.
- Employees are subject to imputed income on life Insurance amounts over \$50,000 paid by the employer.
- · These benefits are provided at no cost to you.
- Accidental Death & Dismemberment insurance provides income protection to you and your family in case of an accident.

Basic Life/AD&D

AMOUNT	BENEFIT MAXIMUM	GUARANTEE ISSUE	
1 x Salary	\$250,000	\$250,000	



Toluntary Life Insurance

How does this benefit work?

· For additional protection, voluntary life insurance is offered.

INCREMENTS

- Monthly premiums vary based on your desired coverage level and age; this will be deducted directly from your paycheck.
- The Guarantee Issue amount is only available to new hires or the first time a company is offering the benefit.
- Election for voluntary life insurance outside of new hire election period requires completion of an Evidence of Insurability (EOI) form.
- You must purchase voluntary life coverage for yourself as an employee to purchase coverage for a dependent.
- Please note: You might need to fill out an Evidence of Insurability (EOI) form to receive benefit amounts over the Guarantee Issue amount below. Without a completed form, approved by the carrier, your voluntary life insurance benefit amount will be limited to the Guarantee Issue amount.

MAXIMUM LIMIT

		INCHEMENTO		,,,,	nom civil
EMPLOYEE Choice \$5000 increments		Choice \$5000 increments	Not to exceed 5 times salary		exceed 5 times salary
SPOUSE		Choice \$5000 increments		Not to	exceed 50% of employee amount
CHILD		Choice \$5000 increments		Not to	exceed 50% of employee amount
		EMPLOYEE	SPOUSI		CHILD
MINIMUM	COVERAGE AMOUNT	\$5,000	\$5,000)	\$5,000
MAXIMUN	A COVERAGE AMOUNT	\$500,000	\$250,0	000	\$10,000
GUARANT	EE ISSUE	\$175,000	\$30,000		\$10,000
ife Rate	es				
AGE	EMPLOYEE	SPOUSE (based on employee age)	AGE	EMPLOYEE	SPOUSE (based on employee age)
<25	0.090000	0.090000	50-54	0.460000	0.460000
25-29	0.080000	0.080000	55-59	0.740000	0.740000
30-34	0.088000	0.088000	60-64	1.068000	1.068000
35-39	0.117000	0.117000	65-69	1.845000	1.845000
40-44	0.191000	0.191000	70-74	4.120000	4.120000
45-49 0.291000 0.291000		75+	8.627000	8.627000	
Child Op	tional Life Rate	0.207	AD&D Ra	te	0.02





How does this benefit work?

- Disability benefits protect you and your family by providing a portion of your income during times when you are unable to work.
- Duration of disability is determined by treating physician. Periods below are the max allowable.
- · Disability benefits coordinate with applicable state disability programs.

Short Term Disability

CARRIER	AMOUNT	MAXIMUM WEEKLY BENEFIT	BENEFIT PERIOD MAX	ELIMINATION PERIOD
Anthem Blue Cross	60.00%	\$2,500	Up to 12 weeks	7 Days

Long Term Disability

CARRIER	AMOUNT	MAXIMUM MONTHLY BENEFIT	BENEFIT PERIOD	ELIMINATION PERIOD
Anthem Blue Cross	60.00%	\$10,000	SSNRA	90 Days

Definitions

Elimination Period	The elimination period is when an employee must satisfy a specified number of days or months before the disability benefit is paid.		
SSNRA	Social Security Normal Retirement Age.		
Benefit Period	The length of time that the disability benefits will be paid to an employee. Disability benefits will be paid from the end of the elimination period until the earliest of:		
	(1) Completion of the benefit duration		
	(2) Employee's recovery or		
	(3) Employee's death		
	For LTD, the max benefit period is determined by your age when you become disabled. Common LTD benefit periods are: To age 65, ADEA, SSNRA and RBD.		







Pre-Tax Flexible Spending Accounts (FSA)

How does this benefit work?

· Flexible Spending Accounts (FSA) are like checking accounts that can be funded using pre-tax dollars deducted directly from your paycheck.

Document 1

- Eligible Health Care or Dependent Care expenses can be reimbursed from these accounts.
- You must enroll in your FSA every year in which you plan to participate, even if you currently hold an FSA.
- Health Care FSA is for health expenses for you and your dependents.
- Dependent Care FSA is for childcare / adult care expenses while you work.
- FSA elections are annual. They can only be changed with a qualifying life event.

Plan Year: January 1,2020 - December 31, 2020

Account Type	Provider		Maximum Contribution Amount	
Healthcare FSA	Discovery Benefits		\$2,750	
Limited Purpose Healthcare FSA	Discovery Benefits Discovery Benefits		\$2,750 \$5,000	
Dependent Care FSA				
What expenses are allowed?	Health Care FSA		Dependent Care FSA	
	Eligible expenses	Ineligible expenses	Eligible expenses	Ineligible expenses
	 ✓ Health related costs (medical, dental, and vision copays) ✓ Prescription medication 	 ✓ Cosmetic surgery ✓ Non-prescription medication ✓ Life insurance premiums 	 ✓ Work day childcare services ✓ Cost of care at a licensed daycare ✓ Before or afterschool care 	 Education expenses Transportation expenses for childcare
What happens to account funds at the end of the year?	By IRS regulations, the account holder can roll over up to \$500 from the previous year's balance to the following year. Consult your full plan summary for more details.		Use it or lose it. By IRS regulations, the account holder loses any unclaimed money in the account at the end of the plan year per your group plan set-up. Consult your full plan summary for more details.	
How do I make changes to my participation?	You can make changes to your participation and/or contribution amount during open enrollment period or with a qualifying event only. Make sure you budget and plan according to your projected Health and Dependent Care needs.			
What if I participate in an HDHP + HSA?	If you enroll in a High Deductible Health Plan, you can still enroll in a Limited Purpose Health Care FSA. The Limited Purpose Health Care FSA should only be used for eligible dental and vision expenses.			
Where can I get more information?	IRS Publication 502: Medical and Dental Expenses, and IRS Publication 503: Dependent Care Expenses list eligible expenses. These publications are available online at https://www.irs.gov/forms-instructions , or by calling 1-800-TAX-FORM.			





Commuter Benefits

How does this benefit work?

- Funds are directly deducted from your paycheck.
- This is a monthly benefit.
- Participation in this benefit and the contribution amount can be changed at any time throughout the plan year.

	Commuter	Parking	
Provider	Discovery Benefits	Discovery Benefits \$270 per month	
Maximum IRS Pre-Tax Contribution Amount	\$270 per month		
What Expenses Are Allowed?	Mass transit faresMonthly bus passesVanpooling fees	 Parking at or near your work location Parking at a location from which you participate in a carpool or board mass transit 	
What Expenses Are Not Allowed?	 Taxi fares Bridge tolls Cost of auto maintenance	 Parking costs at home Parking when not commuting to or from work location 	





(A) 401(k)

How does this benefit work?

In addition to benefits that provide security for today, you can make saving for the future easy with a 401(k) plan that allows you to save a portion of your salary toward retirement. Contributions are automatically deducted from your paycheck and can be invested in a portfolio at your discretion.

Provider	Vanguard my.vanguardplan.com			
When Can I Enroll?	First of the month following 1 month of service Must be 21 years of age			
How Do I Enroll?	Online through the website above			
How Much Can I Contribute?	2020 IRS Deferral Limit: \$19,500 - Increased to \$26,000 for anyone 50 years of age or older in the calendar year			
Deferral Types	Pre-tax (Traditional) After-tax (Roth) Additional After-Tax (Non-Roth)*			
Key Deferral Type Attributes	PRE-TAX (TRADITIONAL)	AFTER-TAX (ROTH)		
	Contributions are made before taxes are applied, which reduces current tax burden.	Contributions are made after taxes have beer applied.		
	All capital gains, dividends, interest, etc. grow within the account on a tax-deferred	All capital gains, dividends, interest, etc. grow tax-free in the account.		
	basis. Account holder becomes eligible to withdraw at age 59 ½ without penalty. Withdrawals will be taxed at then-current rates and total income levels.	Account holder becomes eligible to withdraw at age 59 ½. Withdrawals are not subject to taxes but funds must be held in account for a least five years.		
	All withdrawals prior to eligibility are subject to limitations, taxes, and /or penalties.			
*Additional Deferral Options	ADDITIONAL AFTER-TAX (NON-ROTH)			
	Your plan allows for Additional After-Tax contributions above the IRS deferral limits above. The maximum limit for all employee and employer contributions in 2019 is \$56,000. These			

funds as well as any Pre-Tax dollars are eligible to be converted to Roth through "In-Plan Roth Conversions."

Please note that any gains from After-Tax deferrals or Pre-Tax contributions and earnings converted to Roth will be subject to income taxes at time of conversion. Please consult a tax advisor before using these new features.





Getting Started with Your Enrollment

It's time for you to choose your benefits coverages for 2019. Even if you are happy with your elections from last year, it's always a good practice to review and confirm that you've selected the right plan for you and your family. Sign in to your benefits portal online to select from the plans being offered.

Login to Your Benefits Portal: https://access.paylocity.com





Never feel lost when it comes to using your benefits. Your Employee Advocate can guide you to the answers you need.

Our team of Employee Advocates are dedicated to make sure you get the support you need. They are there to help you navigate through the benefit process and can even help with complex claims issues.

Employee Advocate

Mon-Fri 8:30am - 5pm PST

PHONE: (833) 208-3343

E-MAIL: nuro@help.sequoia.com

THE FINE PRINT

Notice of Privacy Practices

Premium Assistance under Medicaid and the Children's Health Insurance Program (CHIP)

Women's Health and Cancer Rights Act (WHCRA)

Statement of Rights under the Newborns' and Mothers' Health Protection Act (NMHPA)

Special Enrollment Notice

LOOKING TO LEARN MORE?

Glossary of terms

Benefit FAQs

Overviews of key benefits

Helpful guides and more

are available online at sequoia.com/resources





■ Legal Disclosures And Required Documents

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THIS NOTICE APPLIES TO SELF-INSURED GROUP HEALTH PLANS OF Sequoia Consulting Group, IF ANY.

Our Company's Pledge to You

This notice is intended to inform you of the privacy practices followed by the Nuro Group Health Plan (the Plan) and the Plan's legal obligations regarding your protected health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The notice also explains the privacy rights you and your family members have as participants of the Plan. This notice is effective June 27, 2018. The Plan often needs access to your protected health information in order to provide payment for health services and perform plan administrative functions. We want to assure the participants covered under the Plan that we comply with federal privacy laws and respect your right to privacy. Nuro Group Health Plan requires all members of our workforce and third parties that are provided access to protected health information to comply with the privacy practices outlined below.

Protected Health Information

Your protected health information is protected by the HIPAA Privacy Rule. Generally, protected health information is information that identifies an individual created or received by a health care provider, health plan or an employer on behalf of a group health plan that relates to physical or mental health conditions, provision of health care, or payment for health care, whether past, present or future.

How We May Use Your Protected Health Information

Under the HIPAA Privacy Rule, we may use or disclose your protected health information for certain purposes without your permission. This section describes the ways we can use and disclose your protected health information.

Payment. We use or disclose your protected health information without your written authorization in order to determine eligibility for benefits, seek reimbursement from a third party, or coordinate benefits with another health plan under which you are covered. For example, a health care provider that provided treatment to you will provide us with your health information. We use that information in order to determine whether those services are eligible for payment under our group health

Health Care Operations. We use and disclose your protected health information in order to perform plan administration functions such as quality assurance activities, resolution of internal grievances, and evaluating plan performance. For example, we review claims experience in order to understand participant utilization and to make plan design changes that are intended to control health care costs. However, we are prohibited from using or disclosing protected health information that is genetic information for our underwriting purposes. This does not apply to long term care plans.

Treatment. Although the law allows use and disclosure of your protected health information for purposes of treatment, as a health plan we generally do not need to disclose your information for treatment purposes. Your physician or health care provider is required to provide you with an explanation of how they use and share your health information for purposes of treatment, payment, and health care operations.

To Business Associates. We may enter into contracts with entities known as Business Associates that provide services to or perform functions on behalf of the Plan. We may disclose protected health

information to Business Associates once they have agreed in writing to safeguard the protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims. Business Associates are also required by law to protect protected health information.

To the Plan Sponsor. We may disclose protected health information to certain employees of Nuro for the purpose of administering the Plan. These employees will use or disclose the protected health information only as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized additional disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

Organ and Tissue Donation Requests. We can share health information about you with organ procurement organizations. We can also share information with a coroner, medical examiner, or funeral director when an individual dies.

Pursuant to your Authorization. When required by law, we will ask for your written authorization before using or disclosing your protected health information. Uses and disclosures not described in this notice will only be made with your written authorization. Subject to some limited exceptions, your written authorization is required for the sale of protected health information or the use or disclosure of protected health information for marketing purposes. If you choose to sign an authorization to disclose information, you can later revoke that authorization to prevent any future uses or disclosures.

As permitted or required by law. We may also use or disclose your protected health information without your written authorization for other reasons as permitted by law. Subject to certain requirements, we are permitted by law to share information without your written authorization, including but not limited to, information on health-related benefits or services that may be of interest to you, respond to a court order, provide information to further public health activities (e.g., preventing the spread of disease), provide information for research purposes, help with product recalls, report adverse reactions to medications, report suspected abuse, neglect, or domestic violence, and prevent or reduce a serious threat to anyone's health or safety. We are also permitted to share protected health information during a corporate restructuring such as a merger, sale, or acquisition.

Government Requests. We can use or share health information about you for workers' compensation claims, for law enforcement purposes or with a law enforcement official, with health oversight agencies for activities authorized by law, and for special government functions such as military, national security, and presidential protective services

YOUR RIGHTS

Right to Inspect and Copy. In most cases, you have the right to inspect and copy the protected health information we maintain about you. If you request copies, we will charge you a reasonable fee to cover the costs of copying, mailing, or other expenses associated with your request. Your request to inspect or review your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to inspect and copy your health information. To the extent your information is held in an electronic health record, you may be able to receive the information in an electronic format.

Right to Amend. If you believe that information within your records is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information. Your request to amend your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to amend your health information. If we deny your request, you may file a statement of disagreement with us for inclusion in any future disclosures of the disputed information.

Right to an Accounting of Disclosures. You have the right to receive an accounting of certain disclosures of your protected health information. The accounting will not include disclosures that were made (1) for purposes of treatment, payment or health care operations; (2) to you; (3) pursuant to your authorization; (4) to your friends or family in your presence or because of an emergency; (5) for national security purposes; or (6) incidental to otherwise permissible disclosures.

Your request for an accounting must be submitted in writing to the person listed below. You may request an accounting of disclosures made within the last six years. You may request one accounting free of charge within a 12-month period.

Right to Request Restrictions. You have the right to request that we not use or disclose information for treatment, payment, or other administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. You also have the right to request that we limit the protected health information that we disclose to someone involved in your care or the payment for your care, such as a family member or friend. Your request for restrictions must be submitted in writing to the person

listed below. We will consider your request, but in most cases are not legally obligated to agree to those restrictions.

Right to Request Confidential Communications. You have the right to receive confidential communications containing your health information. Your request for restrictions must be submitted in writing to the person listed below. We are required to accommodate reasonable requests. For example, you may ask that we contact you at your place of employment or send communications regarding treatment to an alternate address.

Right to Choose Someone to Act for You. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

Right to be Notified of a Breach. You have the right to be notified in the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information. Notice of any such breach will be made in accordance with federal requirements.

Right to Receive a Paper Copy of this Notice. If you have agreed to accept this notice electronically, you also have a right to obtain a paper copy of this notice from us upon request. To obtain a paper copy of this notice, please contact the person listed below.

Our Legal Responsibilities

We are required by law to maintain the privacy of your protected health information, provide you with this notice about our legal duties and privacy practices with respect to protected health information and notify affected individuals following a breach of unsecured protected health information.

We may change our policies at any time and reserve the right to make the change effective for all protected health information that we maintain. In the event that we make a significant change in our policies, we will provide you with a revised copy of this notice. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed below.

If you have any questions, please contact:

Michelle Nguyen, HR Generalist
Nuro
1300 Terra Bella Drive
Mountain View, CA 94043
Phone number (650) 476-2687 — mnguyen@nuro.ai

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed above. You also may send a written complaint to the U.S. Department of Health and Human Services — Office of Civil Rights. The person listed above can provide you with the appropriate address upon request or you may visit

www.hhs.gov/ocr for further information. You will not be penalized or retaliated against for filing a complaint with the Office of Civil Rights or with us.

AVAILABILITY OF SUMMARY HEALTH INFORMATION

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across options. These are often made available in paper format, by being emailed to you, or on our online benefits administration system.

If you did not receive a copy of the SBC or if you have further questions, please contact your HR team. If you did not receive a paper copy of the SBC and you would like to have one, please contact your HR team.

COBRA CONTINUATION COVERAGE COBRA Rights

In compliance with COBRA, Nuro Group Health Plan offers extended coverage for medical, dental and vision, once the Company becomes a COBRA covered employer (if not already). Extended coverage is offered when coverage under these plans would otherwise end due to a qualifying event.

You and your dependents may extend coverage in these plans for 18 months if coverage is lost due to one of the qualifying events listed below. (California employees who exhaust their federal COBRA coverage and who are covered under a fully insured plan based in California may continue their medical coverage under Cal-COBRA for an additional 18 months – total of 36 months.

- Voluntary termination
- Involuntary termination (except for termination due to gross misconduct)
- Reduction of hours (strike, layoff, leave of absence [not a FMLA], and change from full-time to part-time)

COBRA coverage may be extended from 18 – 29 months for qualified beneficiaries who are deemed by the Social Security Administration to have been disabled before the end of the first 60 days of COBRA continuation coverage and who timely notify the Plan Administrator. However, once COBRA coverage ends for any reason, it will not be reinstated.

Your dependents may extend coverage for 36 months if any of the following qualifying events occur:

- Death of the employee
- Divorce or legal separation
- Dependent child ceasing to be a dependent.

Even though more than one qualifying event may occur, 36 months of extended coverage is the maximum extension available. You or your dependent(s) pay the full cost of the extended coverage you choose plus a 2% administrative fee (fee may be greater under Cal-COBRA).

Important Note

The IRS does not recognize Domestic Partners and/or children of a Domestic Partner as "Qualified Beneficiaries" for COBRA purposes. Please refer to the Summary Plan Description for specific information as it relates to your plan. Under certain circumstances, a group health plan may extend COBRA rights to domestic partners.

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COBRA coverage will terminate due to any one for the following:

- You reach the end of your initial coverage period (18, 29, or 36 months)
- Failure to pay premiums in a timely manner (specified timelines would apply)
- You become covered under another health plan without preexisting condition limitations or exclusions applying to you or your beneficiaries' health
- · You become entitled to Medicare
- Nuro cancels all group plans

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of

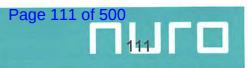
these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of August 10, 2017. Contact your State for more information on eligibility.

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidtplrecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid	GEORGIA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ARKANSAS – Medicaid	INDIANA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	IOWA - Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Website: http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp Phone: 1-888-346-9562

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KANSAS – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://www.kdheks.gov/hcf/	Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf
Phone: 1-785-296-3512	Phone: 603-271-5218
KENTUCKY – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: http://chfs.ky.gov/dms/default.htm	Medicaid Website:
Phone: 1-800-635-2570	http://www.state.nj.us/humanservices/
	dmahs/clients/medicaid/
	Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html
	CHIP Phone: 1-800-701-0710
LOUISIANA – Medicaid	NEW YORK – Medicaid
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331	Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-888-695-2447	Phone: 1-800-541-2831
MAINE - Medicaid	NORTH CAROLINA – Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html	Website: https://dma.ncdhhs.gov/
Phone: 1-800-442-6003	Phone: 919-855-4100
TTY: Maine relay 711	
MASSACHUSETTS – Medicaid and CHIP	NORTH DAKOTA – Medicaid
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/
Phone: 1-800-862-4840	Phone: 1-844-854-4825
MINNESOTA - Medicaid	OKLAHOMA – Medicaid and CHIP
Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-	Website: http://www.insureoklahoma.org
programs/programs-and-services/medical-assistance.jsp Phone: 1-800-657-3739	Phone: 1-888-365-3742
	ODECON Maliania
MISSOURI – Medicaid	OREGON – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://healthcare.oregon.gov/Pages/index.aspx
Filolie. 5/5-/51-2005	http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
MONTANA – Medicaid	PENNSYLVANIA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP	Website:
Phone: 1-800-694-3084	http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenth
	ppprogram/index.htm Phone: 1-800-692-7462
NEDBARY MARKET	
NEBRASKA – Medicaid	RHODE ISLAND – Medicaid
Website: http://www.ACCESSNebraska.ne.gov	Website: http://www.eohhs.ri.gov/
Phone: (855) 632-7633 Lincoln: (402) 473-7000	Phone: 855-697-4347
Omaha: (402) 595-1178	
NEVADA – Medicaid	SOUTH CAROLINA - Medicaid
Medicaid Website: https://dwss.nv.gov/	Website: https://www.scdhhs.gov
Medicaid Phone: 1-800-992-0900	Phone: 1-888-549-0820
SOUTH DAKOTA - Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov	Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-
Phone: 1-888-828-0059	administration/premium-payment-program
	Phone: 1-800-562-3022 ext. 15473
TEXAS - Medicaid	WEST VIRGINIA – Medicaid

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Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT- Medicaid	WYOMING - Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
VIRGINIA – Medicaid and CHIP	
Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since August 10, 2017, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration www.dol.gov/agencies/ebsa 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services www.cms.hhs.gov 1-877-267-2323, Menu Option 4, Ext. 61565



Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 12/31/2019)

WOMEN'S HEALTH AND CANCER RIGHTS ACT (WHCRA)

Your plan, as required by the Women's Health and Cancer Rights Act of 1998 (WHCRA), provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema. These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

Please see the Group Health Plan's Benefit Booklet for deductibles and coinsurance for the plan you are enrolling in. If you would like more information on WHCRA benefits, call your Plan Administrator.

STATEMENT OF RIGHTS UNDER THE NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT (NMHPA)

Under federal law, group health plans and health insurance issuers offering group health insurance coverage generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a delivery by cesarean section. However, the plan or issuer may pay for a shorter stay if the attending provider (e.g., your physician, nurse midwife, or physician assistant), after consultation with the mother, discharges the mother or newborn earlier.

Also, under federal law, plans and issuers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48- hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay. In addition, a plan or issuer may not, under federal law, require that a physician or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your out-of-pocket costs, you may be required to obtain precertification. For information on precertification, contact your plan administrator.

SPECIAL ENROLLMENT NOTICE

If you do not enroll yourself and your dependents in a group health plan after you become eligible or during annual enrollment, you may be able to enroll under the special enrollment rules under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") that apply when an individual declines coverage and later wishes to elect it. Generally, special enrollment is available if (i) you declined coverage because you had other health care coverage that you have now lost through no fault of your own (or employer contributions to your other health care coverage terminate); or (ii) you have acquired a new dependent (through marriage or the birth or adoption of a child) and wish to cover that person. To the extent that your plan documents indicate that when you have previously declined coverage, you must have given (in writing) the alternative coverage as your reason for waiving coverage under the group health plan when you declined to participate, your plan documents will control. In either case, as long as you meet the necessary requirements, you can enroll both yourself and all eligible dependents in the group health plan if you provide notice of enrollment to the Plan Administrator within 30 days after you lose your alternative coverage (or employer contributions to your alternative coverage cease) or the date of your marriage or the birth, adoption, or placement for adoption of your child.

You may also enroll yourself and your dependents in a group health plan if your or one of your eligible dependent's coverage under Medicaid or the state Children's Health Insurance Program (CHIP) is terminated as a result of loss of eligibility, or if you or one of your eligible dependents become eligible for premium assistance under a Medicaid or CHIP plan. Under these two circumstances, the special enrollment period must be requested within 60 days of the loss of Medicaid/CHIP coverage or of the determination of eligibility for premium assistance under Medicaid/CHIP.

To request special enrollment or obtain more information, contact Michelle Nguyen, HR Generalist Nuro 1300 Terra Bella Drive Mountain View, CA 94043 Phone number (650) 476-2687 — mnguyen@nuro.al

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BENEFITS SERVICES PROVIDED BY SEQUOIA CONSULTING GROUP

1850 Gateway Drive, Suite 700, San Mateo, California 94404 | 650.369.0200 | sequoia.com

DELIVERY VIA EMAIL (mdarden@nuro.ai ; mad2255@tc.columbia.edu)

To: Michael Darden

April 15, 2021

Re: Request for Disability Leave

Dear Michael:

In an email to me on April 14, 2021, you stated that you are "going out on disability leave." To make a better assessment of the situation and to determine what reasonable accommodation(s), if any, Nuro can provide, we are requesting that you provide input from your healthcare provider to certify a medical need and provide the anticipated duration of the leave. Specifically, enclosed is a form that must be completed by a qualified healthcare provider. Please take this letter, and the enclosed form and your job description (if needed) to your healthcare provider and ask them to provide the requested information. Please have this form completed and signed by your healthcare provider and return it to me by April 22, 2021.

Please be assured that we are not seeking the disclosure of any medical diagnoses and/or other confidential and sensitive medical information to anyone at Nuro, including myself. Thank you for your anticipated cooperation in securing your health care provider's response to this request. Please contact me if you have any questions or concerns.

Sincerely,

Ting Chen Human Resources Business Partner

Enclosure(s)

REASONABLE ACCOMMODATION FORM [To be completed by Healthcare Provider]

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Nuro is engaged in the interactive process with Michael Darden ("employee") to determine whethe employee may be entitled to reasonable accommodation(s) based on a medical condition what reasonable accommodation(s) could be offered to enable the employee to perform the essemble functions of their job. The employee has requested a disability leave. As part of this process request you to provide the information below. Please discuss the position with our employed determine essential job duties and typical work schedule. Please feel free to attach additional slift needed.
Please verify that the employee and/or the employee's relative has a medical need for the requested disability leave/reasonable accommodation.
YesX No
If yes, describe how the employee's limitations impair the ability to perform the duties of the job.
Michael Darden is Disabled and unable to perform any functions of his job.
3) Please indicate whether these limitations are temporary or permanent. If temporary, state when they are expected to end.
These limitations are currently being assessed. It is too early to determine temporary or permanent disability.

Phone Number: 415.531.4846

Email: kkeoughmft@aol.com

1300 Terra Bella Ave, Suite 100 Mountain View, CA 94043 info@nuro.ai www.nuro.ai	• • •
4) Please provide recommendations regarding specific reasonable accommodation(s). If more than one reasonable accommodation would work, please describe all possible reasonable accommodations. Please explain how each of these might enable employee to perform the essential functions of their job.	
Currently there are no reasonable accommodation(s) that can be offered by your company that would allow Michael Darden to work in any form or capacity. Michael is too disabled at this time to work in any form or manner.	
By signing below, I certify that the answers provided in response to the above questions are based or my personal knowledge of the relevant facts from my own examination of the patient / employee or based upon my own review of the relevant medical documentation, and my answers represent my professional medical opinion.	n
Signature of Healthcare Provider. Date 04.14.2021	
Semble lange Lang	
Kenneth R. Keough	
Name of Healthcare Provider (Please Print)	
Address:1625 6 th ave	

12/13/24, 12:50 PM

Tc.columbia.edu N

Re: Medical Leave Request - More information need

ichael Darden, Disability; sick days payment, q... 120



Darden, Michael <mad2255@tc.columbia.edu>

Re: Medical Leave Request - More information needed, Michael Darden, Disability; sick days payment, question

Darden, Michael <mad2255@tc.columbia.edu>
To: Michelle Nguyen <mnguyen@nuro.ai>

Thu, May 13, 2021 at 11:38 PM

Alright: Understood. Thanks again.

On Wed, May 12, 2021, 12:43 PM Michelle Nguyen <mnguyen@nuro.ai> wrote: Hi Michael,

I wanted to follow up on your use of Paid Sick Leave and explain what to expect. As you know, you started your unpaid leave on April 14. However, when I went into Paylocity to input your request for Paid Sick Leave for the 7 day waiting period, I discovered that Nuro inadvertently paid you for two days *after* you went on unpaid leave (April 15 and April 16). As a result, Nuro will apply those 2 days to your Paid Sick Leave request and pay out the additional 3 days of Paid Sick Leave this pay period. Accordingly, your next pay stub will indicate 5 sick days and negative 2 regular days. Separately, you will also see deductions for your full month insurance payment in May (instead of split to two paychecks).

Please let me know if you have any questions.

Best, Michelle

On Wed, May 12, 2021 at 11:09 AM Darden, Michael <mad2255@tc.columbia.edu> wrote: Hi. Michelle:

OK.

Thank you and be well,

Michael

On Tue, May 11, 2021, 11:27 AM Michelle Nguyen mnguyen@nuro.ai wrote: Hi Michael,

Yes, you may use your accrued Paid Sick Leave for that 7 day period. I will input your request to use the Paid Sick Leave in Paylocity. You should receive this amount for the next regularly scheduled pay date. Please let me know if you have any questions.

Best, Michelle

On Fri, May 7, 2021 at 2:50 PM Darden, Michael <mad2255@tc.columbia.edu> wrote: Hi, Michelle:

For the 7 days I was off before Short-Term Disability payment started, may I please receive sick pay from Nuro for those days?

Thanks once more,

Michael 917-868-8780 12/13/24, 12:50 PM Tc.columbia.edu N Re: Medical Leave Request - More information need ichael Darden, Disability; sick days payment, q...

On Mon, May 3, 2021, 2:37 PM Darden, Michael <mad2255@tc.columbia.edu> wrote: Hi. Michelle:

OK.

Thanks again and take care,

Michael

On Mon, May 3, 2021, 2:08 PM Michelle Nguyen mnguyen@nuro.ai wrote: Hi Michael,

We will cover your benefits for up to 6 months.

Let me know if you have any further questions.

Best, Michelle

On Fri, Apr 30, 2021 at 11:46 AM Darden, Michael <mad2255@tc.columbia.edu> wrote: Hi, Michelle:

For how long does Nuro pay my Anthem Blue Cross insurance premiums while I'm out on Medical Disability Leave, please?

Thank you,

Michael

917-868-8780

On Mon, Apr 19, 2021, 5:39 PM Darden, Michael <mad2255@tc.columbia.edu> wrote: Hi, Michelle:

You're welcome. Thank you.

Best as well,

Michael 917-868-8780

On Mon, Apr 19, 2021, 4:22 PM Michelle Nguyen <mnguyen@nuro.ai> wrote: Hi Michael,

Thank you for providing the updated reasonable accommodation form with the anticipated leave duration of at least 90 days. This is to confirm that your leave request has been approved for 90 days from April 15, 2021. Please let me know if anything changes or as you have further updates.

As for the STD Claim form, I've completed the Employer section and emailed it over to Anthem so they can process your claim.

Let me know if you have any questions or need anything else.

Best, Michelle

On Mon, Apr 19, 2021 at 7:11 AM Darden, Michael <mad2255@tc.columbia.edu> wrote: Hi, Michelle:

12/13/24, 12:50 PM

Tc.columbia.edu M

.e: Medical Leave Request - More information neede

chael Darden, Disability; sick days payment, q...

I've completed, signed and faxed to Anthem Life my "Employee" portion, and am asking my doctor to separately similarly submit his "Physician" portion, of the Anthem, STD Claim Form. If you haven't already, would you please as well submit your "Employer" portion of this Form as soon as possible?

Thank you,

Michael 917-868-8780

On Fri, Apr 16, 2021, 5:02 PM Darden, Michael <mad2255@tc.columbia.edu> wrote: Hi, Michelle:

Understood. Revised, requested, completed, sighed "Reasonable Accommodation" form attached.

Thank you,

Michael 917-868-8780

On Fri, Apr 16, 2021, 3:15 PM Michelle Nguyen <mnguyen@nuro.ai> wrote:

Hi Michael,

Sorry for the confusion. I understand that you already provided the completed healthcare provider form to Ting (copied).

Thank you for providing the reasonable accommodation form from your provider so promptly. However, the completed form does not provide any estimate as to the duration of your requested leave. We need this information for business planning purposes and in order to assess the reasonableness of the requested leave. Accordingly, please provide a revised certification from your provider with an estimate of the leave duration as soon as possible but no later than April 23, 2021. Alternatively, please let us know by when you can provide an update on the anticipated duration of your leave. Please send this information to me directly.

Also, I inadvertently sent you a form titled "Certification of Health Care Provider for Employee's Serious Health Condition under the Family and Medical Leave Act" in my previous email. Please disregard that form as you do not need to return it to Nuro since, as noted in my previous email, you are not eligible for FMLA.

I've also provided you more information below regarding the leave, and now sent you all the STD and LTD forms.

Again, I apologize for the confusion. Please let me or Ting know if you have any further questions, or need anything further from me.

I look forward to hearing from you regarding the requested information about the anticipated duration of your leave.

Thanks, Michelle

On Fri, Apr 16, 2021 at 2:39 PM Michelle Nguyen <mnguyen@nuro.ai> wrote: Hi Michael,

12/13/24, 12:50 PM

Tc.columbia.edu M

te: Medical Leave Request - More information needs

chael Darden, Disability; sick days payment, q...

Please find the attached LTD summary below.

Apologies for the confusion around the certification. We still need a medical certification from a healthcare provider certifying the need for the leave as well as the anticipated duration of the leave. I'm attaching the form that you can provide to your PCP to complete or they can use their own form for the certification.

Let me know if you have any further questions!

Best, Michelle

On Fri, Apr 16, 2021 at 1:50 PM Darden, Michael <mad2255@tc.columbia.edu> wrote: Hi, Michelle:

Appreciate receiving your below-attached email. You've attached my completed signed, "medical certification" form. So you don't need me to provide that information, because you already have it: Please see the attached, "Reasonable Accommodation," MS Wordformat document and confirm that you have it. I will soon complete, sign and submit the "Anthem STD Claim" form, as requested. Would you please as soon as possible, email me your Long-Term Disability forms too?

Thank you and best regards,

Michael 917-868-8780

----- Forwarded message -----

From: Michelle Nguyen <mnguyen@nuro.ai>wrote

Date: Fri, Apr 16, 2021, 12:15 PM

Subject: Medical Leave Request - More information needed

To: <mad2255@tc.columbia.edu>
Cc: Michael Darden <mdarden@nuro.ai>

Hi Michael,

I understand that you have started your disability leave as of April 14, 2021, and wanted to follow up to provide you with the necessary information.

As part of your medical leave, it will be an unpaid leave. As noted in our Employee Handbook (page 29), an unpaid leave will result in the pause of your equity vesting. Lastly, your benefits will resume as normal. However, Nuro will cover the employee portion of your benefits premiums while you are on leave. When you return, you will need to coordinate with our Payroll team so we can recoup the cost of the employee portion.

An important checklist for you:

- We require a medical certification from a healthcare provider certifying the need for the leave as well as the anticipated duration of the leave. Please complete the attached form & return to me within 5 business days.
- You may be eligible for wage replacement through our Anthem Short-Term
 Disability (STD) Plan and CA State Disability Insurance (SDI). I've included the
 instructions on how to apply for these below:
 - STD STD will pay up to 60% of your salary, up to a weekly maximum benefit of \$2,500. I've attached the STD Summary below with more information.

12/13/24, 12:50 PM

Tc.columbia.edu M

te: Medical Leave Request - More information neede

chael Darden, Disability; sick days payment, q...

- You and your Primary Care Physician (PCP) will need to 4
 complete the Short Term Disability Claim (STD) form & return back to me. I will then email it to Anthem so they can process your claim.
- SDI This is a CA State benefit & SDI will pay up to a weekly maximum of \$1,300 and will work in conjunction with STD.
- You will need to file directly on the EDD website. I've attached a
 brochure below with more information.

Lastly, I've also attached a Rights & Responsibility notice for your reference. At this time, you are **not eligible** for FMLA because you have not yet met the 12-months tenure requirement.

Please review & let me know if you have any questions.

Best, Michelle



Michelle Nguyen HR Program Manager e: mnguyen@nuro.ai p: (408) 580-7620 www.nuro.ai



Michelle Nguyen HR Program Manager e: mnguyen@nuro.ai p: (408) 580-7620 www.nuro.ai



Michelle Nguyen HR Program Manager e: mnguyen@nuro.ai p: (408) 580-7620 www.nuro.ai Case 4:25-cv-00911-DMR Document 1 Filed 01/28/25 Page 125 of 500

12/13/24, 12:50 PM

Tc.columbia.edu N

Re: Medical Leave Request - More information need

ichael Darden, Disability; sick days payment, q... 125





Michelle Nguyen HR Program Manager e: mnguyen@nuro.ai p: (408) 580-7620 www.nuro.ai

DARDEN V. ANTHEM ELEVANCE LTD
DISABILITY PAYMENTS RELIEF COMPLAINT (ERISA)



Claim Summary

Claim Information

Claimant Name: Michael Allan Darden Claim ID: DI-1007-871-547

Expected Return to Work Date: 04-19-2022 Claim Effective Date: 04-15-2021

Request Claim Update

Current Claim Status

To continue to receive payments, submit the Continuing Eligibility Questionnaire (DE 2593).

70,564.00

Last Payment Amount (\$): 2,714.00 Date Authorized: 04-13-2022

To review activity for this claim, visit Claim Activity.

Benefit Summary

Daily Benefit Amount (\$): 193.86 Weekly Benefit Amount (\$): 1,357.00

Total Benefit Amount Paid (\$):

69,013.14

Remaining Benefit Amount (\$): 1,550.86

For more information, visit Wage Information.

Maximum Benefit Amount (\$):

Forms

Available Online

To submit a form for this claim, visit Available Forms.

Submitted by You

To review the submitted forms for this claim, visit Forms You Submitted.

Submitted by Your Physician/Practitioner

To review your physician/practitioner's submitted forms for this claim, select their name.

EMANUEL N VERGIS

JOHN A GILLEAN

Back to Top Contact EDD Conditions of Use Privacy Policy Accessibility



Claim for Disability Insurance	(DI)	Benefits -	Claimant's	Statement	(DE	2501
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Form Receipt Number: R100000114194995

Section 1 - Personal Information

Social Security Nu	mber:	XXX-XX-6330	
EDD Customer Ac	count Number:	9997316098	
Legal Name:		Michael Allan Darden	
California Driver L	icense or ID Number:	Y7624304	
Date of Birth:		-1966	
Gender:		Male	
Preferred Language	ge:	English	
Mailing Address:	1801 Shoreline Dr Apt 307 Alameda, CA 94501-6084 United States		
Residence Address:	1801 Shoreline Dr Apt 307 Alameda, CA 94501-6084 United States		
Home Phone Nun	nber:	917-868-8780	
Cell Phone Numb	er:		

Section 2 - Other Names and Social Security Numbers Used

Please enter any other names or other Social Security Numbers under which you have worked. If you have never worked under another name or Social Security Number please leave this section blank. Name: Name: Social Security Number: Social Security Number:

Section 3 - Employment Information	(N
Are you self employed?	No
Are you a State Government employee?	No
If "Yes," indicate bargaining unit number:	
At any time during your disability, were you in the custody of law enforcement authorities because you were convicted of violating law or ordinance?	No
Before your disability began, what was the last day you worked?	04-14-2021
When did your disability begin?	04-15-2021
Date you want your DI claim to begin if different than the date your disability began:	
Since your disability began, have you worked or are you working any full or partial days?	No
Have you recovered?	No
If "Yes," enter date:	
Have you returned to work?	No
If "Yes," enter date:	

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What is your regular or customary occupation?	Training
Why did you stop working?	Illness, Injury or Pregnancy
How would you describe or classify your job?	Mostly sitting; occasionally standing and walking; occasionally lift, carry, push, pull or otherwise move objects that weigh 10 lbs. or less
Has or will your employer continue to pay you during your disability leave?	No
If "Yes," indicate type(s) of pay:	
Other type of pay:	
May we disclose benefit payment information to your employer (s)?	Yes
Do you have more than 2 employers?	No
Have you filed or do you intend to file for Workers' Compensation benefits?	No
Was this disability caused by your job?	No
Are you a resident of an alcohol recovery home or a drug-free facility?	No

Section 4 - List of Employers

Your Last or Current Employer(s)	Employer Address	Employer Phone Number	Last Day Worked
	1300 Terra Bella Ave Ste 100 Mountain View, CA 94043-1850 United States	650-476-2687	04-14-2021

Section 5 - Alcohol Recovery or Drug-Free Facility Information

Name of Facility:	
Address:	
Phone Number:	

Section 6 - Workers' Compensation Information

Workers' Compensation Claim Number:	
Workers' Compensation Appeals Board/ADJ Case Number:	
Date(s) of injury shown on your Workers' Compensation Claim:	
Employer's name shown on your Workers' Compensation Claim:	
Employer's Phone Number:	

Section 7 - Workers' Compensation Insurance Company

Workers' Compensation Insurance Company Name:	
Workers' Compensation Insurance Company Address:	
Workers' Compensation Insurance Company Phone Number:	
Adjuster's Name:	
Adjuster's Phone Number:	

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Section 8 - Your Workers' Co	ompensation Case	Attorney	Information
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Attorney's Name:	
Attorney's Address:	
Attorney's Phone Number:	

Section 9 - Payment Choice

Preferred Payment Method:	Debit Card	I have reviewed the Debit Card Fees and	Yes	
		Disclosures.		

Section 10 - Declaration and Signature

By my signature on this claim statement, I claim benefits and certify that for the period covered by this claim I was unemployed and disabled. I understand that willfully making a false statement or concealing a material fact in order to obtain payment of benefits is a violation of California law and that such violation is punishable by imprisonment or fine or both. I declare under penalty of perjury that the foregoing statement, including any accompanying statements, is to the best of my knowledge and belief true, correct, and complete. By my signature on this claim statement, I authorize the California Department of Industrial Relations and my employer to furnish and disclose to State Disability Insurance all facts concerning my disability, wages or earnings, and benefits payments that are within their knowledge. By my signature on this claim statement, I authorize release and use of information as stated in the "Information Collection and Access" section of the Important Disability Insurance Program Information page. I agree that photocopies of this authorization shall be as valid as the original, and I understand that authorizations contained in this claim statement are granted for a period of fifteen years from the date of my signature or the effective date of the claim, whichever is later.

Health Insurance Portability and Accountability Act (HIPAA) Authorization

l authorize Physician/Practitioner/Organization: Kenneth Keough

to furnish and disclose all my health information and to allow inspection of and provide copies of any medical, vocational rehabilitation, and billing records concerning my disability for which this claim is filed that are within their knowledge to the following employees of the California Employment Development Department (EDD): Disability Insurance Branch examiners, their direct supervisors/managers and any other EDD employee who may have a need to access this information in order to process my claim and/or determine eligibility for State Disability Insurance benefits. I understand that EDD is not a health plan or health care provider, so the information released to EDD may no longer be protected by federal privacy regulations. (45 CFR Section 164.508(c)(2)(iii)). EDD may disclose information as authorized by the California Unemployment Insurance Code. I agree that photocopies of this authorization shall be as valid as the original. I understand I have the right to revoke this authorization by sending written notification stopping this authorization to the EDD, DI Branch MIC 29, PO Box 826880, Sacramento, CA 94280. The authorization will stop on the date my request is received. I understand that the consequences for my revoking this authorization may result in denial of further State Disability Insurance benefits. I understand that, unless revoked by me in writing, this authorization is valid for fifteen years form the date received by EDD or the effective date of the claim, whichever is later. I understand that I may not revoke this authorization to avoid prosecution or to prevent EDD's recovery of monies to which it is legally entitled. I understand that I am signing this authorization voluntarily and that payment or eligibility for my benefits will be affected if I do not sign this authorization. The consequences for my refusal to sign this authorization may result in an incomplete claim form that cannot be processes for payment of State Disability Insurance benefits. I understand I have the right to receive a copy of this authorization.

Claimant Signed:	Yes	Date Signed:	04-15-2021
Signed by Mark (X)?		HIPAA Signed?	Yes

DE 2501 3 of 8



Witness Information

Witness 1 Name:	Date Signed:	
Address:		
Witness 2 Name:	Date Signed:	
Address:		

Personal Representative Information

Personal Representative signing on behalf of claimant?	Represents the claimant in this matter as authorized by:	
Personal Representative Name:	Date Signed:	

Confirmation

You are responsible for providing your claim receipt number to your physician/practitioner so they may complete and submit a medical certification for your claim. Your claim form is not complete without the Physician/Practitioner's Certificate. For faster processing, your physician/practitioner may complete and submit this form online at www.edd.ca.gov.

Alternatively, your physician/practitioner may submit the Physician/Practitioner's Certificate using the paper "Claim for Disability Insurance (DI) Benefits", DE 2501 form and mailing it to the EDD. Have your physician/practitioner complete and sign "Part B - PHYSICIAN/PRACTITIONER'S CERTIFICATE." Certification may be made by a licensed physician or practitioner authorized to certify to a patient's disability or serious health condition pursuant to California Unemployment Insurance Code, Section 2708. If you are under the care of an accredited religious practitioner, obtain a "Claim for Disability Insurance Benefits - Religious Practitioner's Certificate," DE 2502, by calling 1-800-480-3287 and ask your religious practitioner to complete and sign it. Rubber stamp signatures are not accepted.

Your completed claim form must be received no earlier than 9 days, but no later than 49 days, after the first day you became disabled. If your completed claim form is late, you may lose benefits. Most claims are processed within 14 days of receipt of a properly completed claim form, which includes your portion of the DE 2501 and the Physician/Practitioner's Certificate.

If you are receiving temporary workers' compensation benefits and are filing for reduced Disability Insurance benefits for the same days. "PART B - PHYSICIAN/PRACTITIONER'S CERTIFICATE" of this form is not required, however after filing, contact SDI by calling 1-800-480-3287.

Submitted By:	Michael Allan Darden	Submitted On:	04-15-2021 10:08 AM
Entered By:	Michael A Darden	Entered Date:	04-15-2021 10:08 AM

Claim for Disability Insurance (DI) Benefits - Physician/Practitioner's Certificate (DE 2501)

R100000114623148 Form Receipt Number:

Section 1 - Patient Information

Patient's Name:	Michael Allan Darden
Receipt Number:	R100000114194995

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Social Security Number:	
Date of Birth:	
File Number:	

Section 2 - Physician/Practitioner Information

Name:	EMANUEL N VERGIS
License Number:	G144834
State of Licensure:	CA
Treatment Address:	595 Castro St San Francisco, CA 94114-2511 United States
Phone Number:	415-291-0480
License Type:	Physician or Surgeon (MD)
Specialty (if any):	

Section 3 - Treatment Information

This patient has been under my care and treatment for this me	dical problem:	
From:	04-21-2021	
То:		
Are you presently treating the patient for this medical condition?	Yes	
Treatment Intervals:	Monthly	
Was the patient seen previously by another physician/practitioner or medical facility for the current disability/illness/injury?	No	
If "Yes," enter the date of first treatment?		
At any time during your attendance for this medical problem, has the patient been incapable of performing his/her regular or customary work?	Yes	

Section 4 - Claim Information

	04-14-2021	
accident or trauma?	No	
ne accident or trauma		
Date you released or anticipate releasing patient to return to his/her regular or customary work:		
Patient's disability is permanent and you never anticipate releasing patient to return to his/her regular or customary work:		
	abling condition that prevent	s the patient from
F32.2	Diagnosis Code Version:	ICD-10
֡	ork: and you never anticipate wher regular or customary and version for the primary dis stomary work below:	releasing patient to return to result of the regular or customary and version for the primary disabling condition that prevent stomary work below:

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ICD Diagnosis Code:	F41.0	Diagnosis Code Version:	ICD-10
ICD Diagnosis Code:	F41.1	Diagnosis Code Version:	ICD-10
ICD Diagnosis Code:		Diagnosis Code Version:	
Diagnosis - If no diagnosis has been determined, enter a detailed statement of symptoms:		Complete emotional breat overwhelming anxiety and depressive symptoms (an mentation, slowed speaki thoughts, inability to focus	d panic, severe hedonia, slowed ng) with suicidal
Findings - State nature, severity, and extent of the incapacitating disease or injury, including any other disabling conditions:		Severe, pervasive anxiety with others; limited ability complete job tasks, persis symptoms resulting in over anxiety and panic	to focus and stent depressive
Type of treatment/medication	rendered to patient:	psychotherapy	
If patient was hospitalized, da	ate of entry:		
Date of discharge:			
Patient is still hospitalized?			
Is the patient deceased?		No	
Date of death:			
City:			
County:			
State:			
Type of surgery/procedure:			
Date of surgery/procedure:			
Enter the ICD Procedure Cod	de and version for surgery/proced	lure(s) planned or performe	d below:
ICD Procedure Code:		Procedure Code Version:	
ICD Procedure Code:		Procedure Code Version:	
ICD Procedure Code:		Procedure Code Version:	
ICD Procedure Code:		Procedure Code Version:	
Enter the CPT code for surge	ery/procedure(s) planned or perfo	rmed below:	•
CPT Code:		1	
CPT Code:			
CPT Code:			
CPT Code:			
Was the patient unable to wo surgery or procedure?	rk immediately prior to the		
unable to work prior to th			
Was this disabling condition operation of patient's regular or customary	caused and/or aggravated by the y work?	No	

DE 2501 6 of 8

State of California	
Are you completing this form for the sole purpose of referral/recommendation to an alcoholic recovery home or drug-free residential facility (as indicated by the patient on the DE 2501 Claim for Disability Insurance (DI) Benefits Claimant' Statement)?	No s
Date your patient became a resident of a drug or alcohol facility (if known):	
Would disclosure of the information on this form be medically or psychologically detrimental to your patient?	No
Is this a pregnancy related claim?	No
Section 5 - Pregnancy Information	
Estimated Delivery Date:	
Pregnancy End Date (if applicable):	
i regnancy End Date (ii applicable).	
If this patient has not delivered and you do not anticipate releat customary work prior to the estimated delivery date, provide estanticipate the patient will be disabled after delivery for the both Vaginal delivery:	stimates for the number of days you
Cesarean delivery:	
If this patient has delivered, indicate type of delivery and any c	complications as applicable.
Type of Delivery:	
If pregnancy is/was abnormal, state the complication(s) causing maternal disability:	
Section 6 - Prognosis Information	
What complications make your patient disabled longer than normally expected?	Inability to function normally with others. Overwhelming anxiety and panic; severe depression fuels anxiety and suicidal thoughts
Section 7 - Physician/Practitioner's Certification	
Title of Person:	An authorized physician or practitioner pursuant to California Unemployment Insurance Code Section 2708.
I certify under penalty of perjury that the patient is unable to performed a because of the listed disabling condition(s). I have performed a patient within my scope of practice as an authorized physician Unemployment Insurance Code Section 2708.	a physical examination and/or treated the
Physician/Practitioner Signed:	Yes
Date Signed:	04-24-2021
If government facility, provide facility name:	7
If government facility, provide facility address:	
in government lacinty, provide facility address.	

DE 2501 7 of 8



Under Section 2116 and 2122 of the California Unemployment Insurance Code, it is a violation for any individual who, with the intent to defraud, falsely certifies the medical condition of any person in order to obtain disability insurance benefits, whether for the maker or for any other person and is punishable by imprisonment and/or fine not exceeding twenty thousand dollars. Section 1143 requires additional administrative penalties.

Submitted By:	EMANUEL N VERGIS	Submitted On:	04-24-2021 10:34 AM
Entered By:	EMANUEL N VERGIS	Entered Date:	04-24-2021 10:34 AM

DE 2501 8 of 8



View Physician/Practitioner Supplementary Certification for Continuing Eligibility (DE 2525XX)

Section 1 - Physician/Pr		License Number	G144834
Name: EMANUEL N VERGIS Treatment Address:		License Number: G144834 595 Castro St San Francisco, CA 94114-2511 United States	
Section 2 - Patient Infor	mation		
Patient Name:	Michael Allan Darden	SSN:	XXX-XX-6330
EDDCAN:	9997316098	Date of Birth:	-1966
Claim Effective Date:	04-15-2021	Claim ID:	DI-1007-871-547
Section 3 - Form Inform	ation		
Please complete and sub	mit this information by the du	ue date shown below.	
Receipt Number:	R100000118719930		
Issue Date:	07-15-2021	Due Date:	08-04-2021
Section 4 - Physician/Pr	actitioner's Supplementary	y Certificate	
Patient File Number:			
Specialty, if any:			
Are you still treating the p	atient?	Yes	
If "Yes," provide the Date of Last Treatment:		06-16-2021	
If "Yes," provide the N	Next Appointment Date:		
What present condition co	ontinues to make the patient	disabled?	
Severe generalized anxie	ty and panic		
Enter the ICD Diagnosis (from performing his/her re	Code and version for the prin	nary disabling condition that p ow:	prevents the patient
ICD Diagnosis Code:	F41.0	Diagnosis Code Version:	ICD-10
Enter the ICD Diagnosis of	Code and version for the sec egular or customary work bel	condary disabling condition the low:	at prevents the patient
ICD Diagnosis Code:	F41.1	Diagnosis Code Version:	ICD-10
ICD Diagnosis Code:	f32.2	Diagnosis Code Version:	ICD-10
ICD Diagnosis Code:		Diagnosis Code Version:	
Describe how the patient' or customary work:	s present condition/impairme	ent prevents him/her from retu	urning to his/her regula
	d panic prevent him from bei	ng able to function with other	people.
What factors or complications or injury?	tions are disabling the patien	t longer than previously estim	nated for this type of
	ction due to overwhelming an	xiety and panic, and underlyi	ng depression.



Was the patient hospitalized?	No	
If "Yes," provide the Date of Entry:		
If "Yes," provide the Date of Discharge:		
Check here if patient still hospitalized:	No	
Was surgery/procedure performed, or will a surgery/procedure be performed?	No	
If "Yes," provide the Type of surgery/procedure:		
If "Yes," provide the Date of surgery/procedure:		
Enter the ICD Procedure Code and version for surgery	procedure(s) planned or performed below:	
ICD Procedure Code:	Procedure Code Version:	
ICD Procedure Code:	Procedure Code Version:	
ICD Procedure Code:	Procedure Code Version:	
ICD Procedure Code:	Procedure Code Version:	
Enter the CPT code for surgery/procedure(s) planned of	or performed below:	
CPT Code:	CPT Code:	
CPT Code:	CPT Code:	
Present estimated date patient will be able to perform his/her regular or customary work:	10-15-2021	
Check here to indicate patient's disability is permanent and you never anticipate releasing patient to return to his/her regular or customary work:	No	
Would disclosure of this information to your patient be medically or psychologically detrimental to the patient?	No	

Section 5 - Certification

Title	An authorized physician or practitioner pursuant to California Unemployment
Title:	Insurance Code Section 2708.

I certify under penalty of perjury that the patient is unable to perform his/her regular or customary work because of the listed disabling condition(s). I have performed a physical examination and/or treated the patient within my scope of practice as an authorized physician or practitioner pursuant to California Unemployment Insurance Code Section 2708.

Submitted by:	EMANUEL N VERGIS	Submitted on:	07-16-2021 04:09 PM
Entered By:	EMANUEL N VERGIS	Entered Date:	07-16-2021 04:09 PM

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View Physician/Practitioner Supplementary Certification for Continuing Eligibility (DE 2525XX)

Name:	EMANUEL N VERGIS	License Number:	G144834
Treatment Address:		595 Castro St San Francisco, CA 94114-2511 United States	
Section 2 - Patient Infor	mation		
Patient Name:	Michael Allan Darden	SSN:	XXX-XX-6330
EDDCAN:	9997316098	Date of Birth:	-1966
Claim Effective Date:	04-15-2021	Claim ID:	DI-1007-871-547
Section 3 - Form Inform	ation		
Please complete and sub	mit this information by the du	ue date shown below.	
Receipt Number:	R100000123285469		
Issue Date:		Due Date:	
Section 4 - Physician/Pr	ractitioner's Supplementary	/ Certificate	
Patient File Number:			
Specialty, if any:			
Are you still treating the p	patient?	Yes	
If "Yes," provide the Date of Last Treatment:		10-11-2021	
If "Yes," provide the N	Next Appointment Date:		
What present condition co	ontinues to make the patient	disabled?	
Ongoing overwhelming st	tress/anxiety and severe dep	ression.	
	Code and version for the prin	nary disabling condition that p ow:	prevents the patient
ICD Diagnosis Code:	F41.0	Diagnosis Code Version:	ICD-10
	Code and version for the sec egular or customary work bel	ondary disabling condition the ow:	at prevents the patient
ICD Diagnosis Code:	F41.1	Diagnosis Code Version:	ICD-10
ICD Diagnosis Code:	F32.2	Diagnosis Code Version:	ICD-10
ICD Diagnosis Code:		Diagnosis Code Version:	
Describe how the patient or customary work:	's present condition/impairme	ent prevents him/her from retu	urning to his/her regula
Overwhelming stress/anx Frequently distracted due	tiety and depression impair he to ongoing stressors in his li	is ability to focus on work res	ponsibilities.
		t longer than previously estim	nated for this type of

illness or injury?



Persistent anxiety and depression with ineffective response	onse to treatment.	
Was the patient hospitalized?	No	
If "Yes," provide the Date of Entry:		
If "Yes," provide the Date of Discharge:		
Check here if patient still hospitalized:	No	
Was surgery/procedure performed, or will a surgery/procedure be performed?	No	
If "Yes," provide the Type of surgery/procedure:		
If "Yes," provide the Date of surgery/procedure:		
Enter the ICD Procedure Code and version for surgery	/procedure(s) planned or performed below:	
ICD Procedure Code:	Procedure Code Version:	
ICD Procedure Code:	Procedure Code Version:	
ICD Procedure Code:	Procedure Code Version:	
ICD Procedure Code:	Procedure Code Version:	
Enter the CPT code for surgery/procedure(s) planned of	or performed below:	
CPT Code:	CPT Code:	
CPT Code:	CPT Code:	
Present estimated date patient will be able to perform his/her regular or customary work:	01-15-2022	
Check here to indicate patient's disability is permanent and you never anticipate releasing patient to return to his/her regular or customary work:	No	
Would disclosure of this information to your patient be medically or psychologically detrimental to the patient?	No	

Section 5 - Certification

Title:	An authorized physician or practitioner pursuant to California Unemployment Insurance Code Section 2708.
	indulation dead decicin 27 de.

I certify under penalty of perjury that the patient is unable to perform his/her regular or customary work because of the listed disabling condition(s). I have performed a physical examination and/or treated the patient within my scope of practice as an authorized physician or practitioner pursuant to California Unemployment Insurance Code Section 2708.

Submitted by:	EMANUEL N VERGIS	Submitted on:	10-13-2021 07:35 AM
Entered By:	EMANUEL N VERGIS	Entered Date:	10-13-2021 07:35 AM

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View Physician/Practitioner Supplementary Certification for Continuing Eligibility (DE 2525XX)

Name:	JOHN A GILLEAN	License Number:	A141657
Treatment Address:		1155 Mountain Blvd Oakland, CA 94611-1958 United States	
Section 2 - Patient Infor	mation		
Patient Name:	Michael Allan Darden	SSN:	XXX-XX-6330
EDDCAN:	9997316098	Date of Birth:	-1966
Claim Effective Date:	04-15-2021	Claim ID:	DI-1007-871-547
Section 3 - Form Inform	ation		
Please complete and sub	mit this information by the d	ue date shown below.	
Receipt Number:	R100000124394167		
Issue Date:		Due Date:	
Section 4 - Physician/P	ractitioner's Supplementar	y Certificate	
Patient File Number:			
Specialty, if any:			
Are you still treating the patient?		Yes	
If "Yes," provide the Date of Last Treatment:		09-27-2021	
If "Yes," provide the Next Appointment Date:		12-07-2021	
What present condition c	ontinues to make the patient	disabled?	
MDD, single episode, sev	/ere		
Enter the ICD Diagnosis from performing his/her re	Code and version for the prine egular or customary work be	mary disabling condition that plow:	prevents the patient
ICD Diagnosis Code:	F33.2	Diagnosis Code Version:	ICD-10
Enter the ICD Diagnosis from performing his/her re	Code and version for the sec egular or customary work be	condary disabling condition the low:	at prevents the patien
ICD Diagnosis Code:	F43.23	Diagnosis Code Version:	ICD-10
ICD Diagnosis Code:		Diagnosis Code Version:	
ICD Diagnosis Code:		Diagnosis Code Version:	
Describe how the patient or customary work:	's present condition/impairm	ent prevents him/her from retu	urning to his/her regul



Was the patient hospitalized?	No	
If "Yes," provide the Date of Entry:		
If "Yes," provide the Date of Discharge:		
Check here if patient still hospitalized:	No	
Was surgery/procedure performed, or will a surgery/procedure be performed?	No	
If "Yes," provide the Type of surgery/procedure:		
If "Yes," provide the Date of surgery/procedure:		
Enter the ICD Procedure Code and version for surgery	/procedure(s) planned or performed below:	
ICD Procedure Code:	Procedure Code Version:	
ICD Procedure Code:	Procedure Code Version:	
ICD Procedure Code:	Procedure Code Version:	
ICD Procedure Code:	Procedure Code Version:	
Enter the CPT code for surgery/procedure(s) planned of	or performed below:	
CPT Code:	CPT Code:	
CPT Code:	CPT Code:	
Present estimated date patient will be able to perform his/her regular or customary work:	01-18-2022	
Check here to indicate patient's disability is permanent and you never anticipate releasing patient to return to his/her regular or customary work:	No	
Would disclosure of this information to your patient be medically or psychologically detrimental to the patient?	No	

Section 5 - Certification

Title	An authorized physician or practitioner pursuant to California Unemployment
Title:	Insurance Code Section 2708.

I certify under penalty of perjury that the patient is unable to perform his/her regular or customary work because of the listed disabling condition(s). I have performed a physical examination and/or treated the patient within my scope of practice as an authorized physician or practitioner pursuant to California Unemployment Insurance Code Section 2708.

Submitted by:	JOHN A GILLEAN	Submitted on:	11-02-2021 07:19 PM
Entered By:	JOHN A GILLEAN	Entered Date:	11-02-2021 07:19 PM

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View Physician/Practitioner Supplementary Certification for Continuing Eligibility (DE 2525XX)

Section 1 - Physician/Practitioner Information

Name:	JOHN A GILLEAN	License Number:	A141657
Treatment Address:		1155 Mountain Blvd Oakland, CA 94611-19 United States	58

Section 2 - Patient Information

Patient Name:	Michael Allan Darden	SSN:	XXX-XX-6330
EDDCAN:	9997316098	Date of Birth:	-1966
Claim Effective Date:	04-15-2021	Claim ID:	DI-1007-871-547

Section 3 - Form Information

Please complete and submit this information by the due date shown below.

Receipt Number:	R100000130249862		
Issue Date:	01-26-2022	Due Date:	02-15-2022

Section 4 - Physician/Practitioner's Supplementary Certificate

Patient File Number:	
Specialty, if any:	
Are you still treating the patient?	Yes
If "Yes," provide the Date of Last Treatment:	12-07-2021
If "Yes," provide the Next Appointment Date:	02-15-2022
What present condition continues to make the patier	nt disabled?
MDD, single episode, severe	

Enter the ICD Diagnosis Code and version for the primary disabling condition that prevents the patient from performing his/her regular or customary work below:

ICD Diagnosis Code:	F33.2	Diagnosis Code Version:	ICD-10
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Enter the ICD Diagnosis Code and version for the secondary disabling condition that prevents the patient from performing his/her regular or customary work below:

ICD Diagnosis Code:	F43.23	Diagnosis Code Version:	ICD-10
ICD Diagnosis Code:		Diagnosis Code Version:	
ICD Diagnosis Code:		Diagnosis Code Version:	

Describe how the patient's present condition/impairment prevents him/her from returning to his/her regular or customary work:

What factors or complications are disabling the patient longer than previously estimated for this type of illness or injury?



Was the patient hospitalized?	No	
If "Yes," provide the Date of Entry:		
If "Yes," provide the Date of Discharge:		
Check here if patient still hospitalized:	No	
Was surgery/procedure performed, or will a surgery/procedure be performed?	No	
If "Yes," provide the Type of surgery/procedure:		
If "Yes," provide the Date of surgery/procedure:		
Enter the ICD Procedure Code and version for surgery/	procedure(s) planned or performed below:	
ICD Procedure Code:	Procedure Code Version:	
ICD Procedure Code:	Procedure Code Version:	
ICD Procedure Code:	Procedure Code Version:	
ICD Procedure Code:	Procedure Code Version:	
Enter the CPT code for surgery/procedure(s) planned of	performed below:	
CPT Code:	CPT Code:	
CPT Code:	CPT Code:	
Present estimated date patient will be able to perform his/her regular or customary work:	04-19-2022	
Check here to indicate patient's disability is permanent and you never anticipate releasing patient to return to his/her regular or customary work:	No	
Would disclosure of this information to your patient be medically or psychologically detrimental to the patient?	No	

Section 5 - Certification

Title:	An authorized physician or practitioner pursuant to California Unemployment
	Insurance Code Section 2708.

I certify under penalty of perjury that the patient is unable to perform his/her regular or customary work because of the listed disabling condition(s). I have performed a physical examination and/or treated the patient within my scope of practice as an authorized physician or practitioner pursuant to California Unemployment Insurance Code Section 2708.

Submitted by:	JOHN A GILLEAN	Submitted on:	02-01-2022 03:11 PM
Entered By:	JOHN A GILLEAN	Entered Date:	02-01-2022 03:11 PM

DISABILITY PAYMENTS RELIEF COMPLAINT (ERISA)



Home



Check the message center Inbox below to review messages and take required actions as needed.

Inbox [New: 15, Total: 45]

Personal Information

Full Name: Michael Allan Darden

Mailing Address: 1801 Shoreline Dr Apt 307

Alameda, CA 94501-6084 United States

Residence Address: 1801 Shoreline Dr Apt 307

Alameda, CA 94501-6084

United States

E-mail Address: mad2255@tc.columbia.edu

EDD Customer Account Number: 9997

9997316098

Phone Number: 917-868-8780

Cell Phone Number:

Current Disability Insurance Claim(s)

Claim ID	Claim Effective Date	
DI-1007-871-547	04-15-2021	

Pending Disability Insurance Claim Application(s)

No Results Found

Current Paid Family Leave Claim(s)

No Results Found

Pending Paid Family Leave Claim Application(s)

No Results Found

Customer Satisfaction Survey

Your opinion is important to us. Select the link below to complete a survey about your online experience.

Link to Survey



Claim Information

Claimant Name: Michael Allan Darden

Expected Return to Work Date: 04-19-2022 Claim Effective Date: 04-15-2021

Social Security Number: XXX-XX-6330

Benefit Summary

 Daily Benefit Amount (\$):
 193.85
 Weekly Benefit Amount (\$):
 1,357.00

 Maximum Benefit Amount (\$):
 70,564.00
 Total Benefit Amount Paid (\$):
 69,013.14

Remaining Benefit Amount (\$): 1,550.86

Claim ID:

DI-1007-871-547

Activity Record

1

3-30-2022 Auto-Payment 2714.00 0.00 03-16-2022 - 03-29-2022 14 3-16-2022 Auto-Payment 2714.00 0.00 02-16-2022 - 03-10-2022 14 3-02-2022 Auto-Payment 2714.00 0.00 02-16-2022 - 03-10-2022 14 2-16-2022 Auto-Payment 2714.00 0.00 02-16-2022 - 02-15-2022 14 2-16-2022 Payment 2907.86 0.00 01-18-2022 - 02-10-2022 15 1-25-2022 Payment 1357.00 0.00 01-11-2022 - 02-11-2022 7 1-11-2022 Payment 2714.00 0.00 12-28-2021 - 01-10-2022 14 2-28-2021 Payment 775.43 0.00 12-28-2021 - 01-10-2022 14 2-28-2021 Payment 2714.00 0.00 12-28-2021 - 12-23-2021 14 2-24-2021 Auto-Payment 2714.00 0.00 12-20-2021 14 2-210-2021 Auto-Payment 2714.00 0.00 11-26-2021 - 12-23-2021 14 1-28-2021 Auto-Payment 2714.00 0.00 11-26-2021 - 12-20-2021 14 1-28-2021 Auto-Payment 2714.00 0.00 11-12-2021 - 11-25-2021 14 1-12-2021 Auto-Payment 2714.00 0.00 11-12-2021 - 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 11-2021 1	Date Issued	Claim Activity	Payment (\$)	Reduction (\$)	Reason	Activity Period	Days in Period
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1-25-2022 Payment 1357.00 0.00 01-11-2022 01-17-2022 7 1-11-2022 Payment 2714.00 0.00 12-28-2021 -01-10-2022 14 2-28-2021 Payment 775.43 0.00 12-24-2021 -12-27-2021 4 2-24-2021 Auto-Payment 2714.00 0.00 12-10-2021 -12-23-2021 14 2-10-2021 Auto-Payment 2714.00 0.00 11-26-2021 -12-09-2021 14 1-28-2021 Auto-Payment 2714.00 0.00 11-12-2021 -11-25-2021 14 1-28-2021 Auto-Payment 2714.00 0.00 11-12-2021 -11-12-2021 14 1-28-2021 Auto-Payment 2714.00 0.00 10-29-2021 -11-11-2021 14 0-29-2021 Auto-Payment 2714.00 0.00 10-15-2021 -10-28-2021 14 0-15-2021 Payment 581.57 0.00 10-12-2021 -10-14-2021 3 0-12-2021 Payment 2714.00 0.00 09-28-2021 -10-11-2021 14 0-15-2021 Payment 581.57 0.00 09-28-2021 -10-11-2021 14 0-29-28-2021 Payment 581.57 0.00 09-28-2021 -09-27-2021 3 0-12-2021 Payment 581.57 0.00 09-25-2021 -09-27-2021 3 0-12-2021 Payment 2714.00 0.00 09-11-2021 -09-24-2021 14 0-15-2021 Payment 2714.00 0.00 09-11-2021 -09-24-2021 14 0-15-2021 Auto-Payment 2714.00 0.00 09-11-2021 -09-24-2021 14	02-16-2022	Auto-Payment	2714.00	0.00		02-02-2022 - 02-15-2022	14
1-11-2022 Payment 2714.00 0.00 12-28-2021 - 01-10-2022 14 2-28-2021 Payment 775.43 0.00 12-24-2021 - 12-27-2021 4 2-24-2021 Auto-Payment 2714.00 0.00 12-10-2021 14 2-10-2021 Auto-Payment 2714.00 0.00 11-26-2021 - 12-09-2021 14 1-28-2021 Auto-Payment 2714.00 0.00 11-12-2021 - 11-25-2021 14 1-12-2021 Auto-Payment 2714.00 0.00 11-12-2021 - 11-11-2021 14 1-12-2021 Auto-Payment 2714.00 0.00 10-29-2021 - 11-11-2021 14 0-29-2021 Auto-Payment 2714.00 0.00 10-15-2021 - 10-18-2021 14 0-15-2021 Payment 581.57 0.00 10-12-2021 - 10-14-2021 3 0-12-2021 Payment 2714.00 0.00 09-28-2021 - 10-11-2021 14 9-28-2021 Payment 581.57 0.00 09-28-2021 - 10-11-2021 14 9-28-2021 Payment 2714.00 0.00 09-28-2021 - 10-11-2021 14 9-28-2021 Payment 2714.00 0.00 09-28-2021 - 09-27-2021 3 9-26-2021 Auto-Payment 2714.00 0.00 09-25-2021 - 09-27-2021 14 9-12-2021 Auto-Payment 2714.00 0.00 09-25-2021 - 09-27-2021 14	02-02-2022	Payment	2907.86	0.00		01-18-2022 - 02-01-2022	15
2-28-2021 Payment 775.43 0.00 12-24-2021 · 12-27-2021 4 2-24-2021 Auto-Payment 2714.00 0.00 12-10-2021 · 12-23-2021 14 2-10-2021 Auto-Payment 2714.00 0.00 11-26-2021 · 12-20-2021 14 1-28-2021 Auto-Payment 2714.00 0.00 11-12-2021 · 11-25-2021 14 1-12-2021 Auto-Payment 2714.00 0.00 10-29-2021 · 11-11-2021 14 0-29-2021 Auto-Payment 2714.00 0.00 10-15-2021 · 10-28-2021 14 0-15-2021 Payment 581.57 0.00 10-12-2021 · 10-14-2021 3 0-12-2021 Payment 2714.00 0.00 09-28-2021 · 10-11-2021 14 9-28-2021 Payment 581.57 0.00 09-28-2021 · 10-11-2021 14 9-28-2021 Payment 2714.00 0.00 09-28-2021 · 10-11-2021 14 9-28-2021 Payment 581.57 0.00 09-28-2021 · 10-11-2021 14 9-28-2021 Payment 2714.00 0.00 09-28-2021 · 10-11-2021 14 9-28-2021 Auto-Payment 2714.00 0.00 09-28-2021 · 09-27-2021 14	01-25-2022	Payment	1357.00	0.00		01-11-2022 - 01-17-2022	7
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9-12-2021 Auto-Payment 2714.00 0.00 08-28-2021 - 09-10-2021 14	9-28-2021	Payment	581.57	0.00		09-25-2021 - 09-27-2021	3
	09-26-2021	Auto-Payment	2714.00	0.00		09-11-2021 - 09-24-2021	14
8-29-2021 Auto-Payment 2714.00 0.00 08-14-2021 08-27-2021 14	9-12-2021	Auto-Payment	2714.00	0.00		08-28-2021 - 09-10-2021	14
	8-29-2021	Auto-Payment	2714.00	0.00		08-14-2021 - 08-27-2021	14



Claim Activity

Back to Claim Summary

Claim Information

Claimant Name: Michael Allan Darden Claim ID:

DI-1007-871-547

Expected Return to Work Date: 04-19-2022

Claim Effective Date: 04-15-2021

Social Security Number: XXX-XX-6330

Benefit Summary

Daily Benefit Amount (\$): 193.86 Weekly Benefit Amount (\$):

1,357.00

Maximum Benefit Amount (\$):

70,564.00

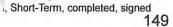
Total Benefit Amount Paid (\$):

69,013.14

Remaining Benefit Amount (\$): 1,550.86

Activity Record

Date Issued	Claim Activity	Payment (\$)	Reduction (\$)	Reason	Activity Period	Days in Period
08-15-2021	Auto-Payment	2714.00	0.00		07-31-2021 - 08-13-2021	14
08-01-2021	Auto-Payment	2714.00	0.00		07-17-2021 - 07-30-2021	14
07-18-2021	Payment	581.57	0.00		07-14-2021 - 07-16-2021	3
07-14-2021	Payment	1357.00	0.00		07-07-2021 - 07-13-2021	7
07-07-2021	Payment	775.43	0.00		07-03-2021 - 07-06-2021	4
07-04-2021	Auto-Payment	2714.00	0.00		06-19-2021 - 07-02-2021	14
06-20-2021	Auto-Payment	2714.00	0.00		06-05-2021 - 06-18-2021	14
06-06-2021	Auto-Payment	2714.00	0.00		05-22-2021 - 06-04-2021	14
05-23-2021	Auto-Payment	2714.00	0.00		05-08-2021 - 05-21-2021	14
05-09-2021	Auto-Payment	2714.00	0.00		04-24-2021 - 05-07-2021	14
04-25-2021	Payment	387.71	0.00		04-22-2021 - 04-23-2021	2
04-24-2021	Waiting period	0.00	0.00		04-15-2021 - 04-21-2021	7





Darden, Michael <mad2255@tc.columbia.edu>

Anthem Disability Forms, Michael Darden, Short-Term, completed, signed

Darden, Michael <mad2255@tc.columbia.edu> To: disability@anthem.com Sun, Apr 25, 2021 at 9:58 PM

Attached, completed and signed, as requested:

Satisfactory?

Claim Number ST-443380

Thank you and take care,

Michael Michael Darden 917-868-8780

AnthemDisabilityFormsMichaelDarden.pdf 4212K

Michael Darden, Short-Term, completed, signed 150



Darden, Michael <mad2255@tc.columbia.edu>

Automatic reply: {EXTERNAL} Anthem Disability Forms, Michael Darden, Short-Term, completed, signed

1 message

Disability-Wellpoint (Shared Mailbox) <Disability@anthem.com>
To: "Darden, Michael" <mad2255@tc.columbia.edu>

Sun, Apr 25, 2021 at 9:49 PM

This is a confirmation that the claim information has been received.

Life & Disability Claims Service Center

PO Box 105426 · Atlanta, GA 30348-5426

Customer Service: 1-800-813-5682

Fax: 1-800-850-0017

email: disability@anthem.com

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Disability Service Center P.O. Box 105426 Atlanta, GA 30348-5426 Tel 800-813-5682 Fax 800-850-0017 Email:disability@anthem.com

Disability Employee Authorization for Release of Information (HIPAA compliant)

To be signed and dated by the insured/claimant.

I authorize any licensed physician, any other medical practitioner or provider, pharmacist, hospital, clinic, other medical or medically related facility, federal, state or local government agency, insurance or reinsuring company, consumer reporting agency or employer having information available as to diagnosis, treatment and prognosis with respect to any physical or mental condition and/or treatment of me, and any non-medical information about me, to give any and all such information to authorized representatives of Anthem Blue Cross Life and Health Insurance Company (Anthem) and including, but not limited to any other mental or psychiatric records, medical, dental and hospital records (including psychiatric, alcohol, and drug abuse, and HIV/AIDS information) which may have been acquired in the course of examination or treatment. I understand that the information obtained by use of this authorization will be used by Anthem representatives to evaluate and adjudicate my current disability claim, and may be redisclosed to (a) any medical, investigative, financial or vocational specialist or entity, or (b) any other organization or person, employed by or representing Anthem solely to assist with the evaluation and adjudication of my current disability claim. Each such person or entity to whom this redisclosure is made shall comply with the HIPAA Privacy Rule as regards any re-disclosed protected health information.

This authorization is valid during the pendency of my claim and shall expire on the date my claim finally ends. A photocopy of this authorization is as valid as the original. I understand that my authorized representative or I have the right to request and receive a copy of this authorization and the information to which it pertains.

I understand that I have the right to revoke this authorization by notifying Anthem in writing, of my revocation. However, such revocation is not effective to the extent that Anthem have relied previously upon this authorization for the use or disclosure of my protected health information. In addition, I understand that my revocation of, or my failure to sign this authorization may impair Anthem's ability to evaluate my current disability claim and as a result may be a basis for denying that current disability claim for benefits.

If you reside in California, Connecticut or North Dakota: This authorization excludes the release of information about Human Immunodeficiency Virus (HIV). If you reside in Maine: This authorization excludes disclosure of the result of a test for HIV if the applicant has tested positive but has not developed symptoms of the disease AIDS. Such test results shall not be discovered or published. Nothing in this caveat will prohibit this authorization from including the fact that the applicant has AIDS.

If you reside in Minnesota: This authorization excludes the release of information about HIV (AIDS VIRUS) tests.

If you reside in Vermont: This authorization EXCLUDES the release of any information about previously administered HiV-related tests, including but not limited to tests for HiV antibodies, T-Cell counts, AIDS or ARC. The proposed insured is NOT AUTHORIZING ANTHEM to forward the results from any new test, requested by us, to any outside, non-affiliated company or entity not under specific contract with us to perform underwriting services, and ANTHEM shall comply, as applicable with the provisions of Title 8, Section 4724 (20) of the Vermont Statutes.

Michael Aldu	rden Mid	LaiduDeach	05/05/	1966 "	1/25/21	
Printed name of Individual	Or Legal	of Individual Representative*	Date of Birth	Date Signed		
gol Shore Like	e Drive,	Apt 307, Alan	weda, CA	94501	577-96	-6330
Address	City	State	Zip Code	Soc	ial Security Number	

*If this authorization is signed by a legal representative on behalf of the individual, please complete the following and attach a copy of the representative's authority to this form (e.g., Health Care Power of Attorney, Executor/Administrator of an estate):

Personal Representative's Name:	 	
Relationship to Member:		

PA10-ST00443380



Disability Service Center P.O. Box 105426 Atlanta, GA 30348-5426 Tel 800-813-5682 Fax 800-850-0017 Email:disability@anthem.com

Disability Employee Authorization for Release of Information (HIPAA compliant)

To be signed and dated by the insured/claimant.

I authorize any licensed physician, any other medical practitioner or provider, pharmacist, hospital, clinic, other medical or medically related facility, federal, state or local government agency, insurance or reinsuring company, consumer reporting agency or employer having information available as to diagnosis, treatment and prognosis with respect to any physical or mental condition and/or treatment of me, and any non-medical information about me, to give any and all such information to authorized representatives of Anthem Blue Cross Life and Health Insurance C ompany (Anthem) and including, but not limited to any other mental or psychiatric records, medical, dental and hospital records (including psychiatric, alcohol, and drug abuse, and HIV/AIDS information) which may have been acquired in the course of examination or treatment. I understand that the information obtained by use of this authorization will be used by Anthem's representatives to evaluate and adjudicate my current disability claim, and may be redisclosed to (a) any medical, investigative, financial or vocational specialist or entity, or (b) any other organization or person, employed by or representing Anthem solely to assist with the evaluation and adjudication of my current disability claim. Each such person or entity to whom this redisclosure is made shall comply with the HIPAA Privacy Rule as regards any re-disclosed protected health information.

This authorization is valid during the pendency of my claim and shall expire on the date my claim finally ends. A photocopy of this authorization is as valid as the original. I understand that my authorized representative or I have the right to request and receive a copy of this authorization and the information to which it pertains.

I understand that I have the right to revoke this authorization by notifying Anthem in writing, of my revocation. However, such revocation is not effective to the extent that Anthem have relied previously upon this authorization for the use or disclosure of my protected health information. In addition, I understand that my revocation of, or my failure to sign this authorization may impair Anthem's ability to evaluate my current disability claim and as a result may be a basis for denying that current disability claim for benefits.

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If you reside in Minnesota: This authorization excludes the release of information about HIV (AIDS VIRUS) tests.

If you reside in Vermont: This authorization EXCLUDES the release of any information about previously administered HIV-related tests, including but not limited to tests for HIV antibodies, T-Cell counts, AIDS or ARC. The proposed insured is NOT AUTHORIZING ANTHEM to forward the results from any new test, requested by us, to any outside, non-affiliated company or entity not under specific contract with us to perform underwriting services, and ANTHEM shall comply, as applicable with the provisions of Title 8, Section 4724 (20) of the Vermont Statutes.

	rden/Michaell Das	Je 05/05/1	966	4/25/21
Printed name of Individual	Signature of Individual Or Legal Representative*	Date of Birth	Date Signed	
1801 Shore Lin	e Drive, Apt 307,	Alamela, CA	94-501	577-96-6331
Address	City State	Zip Code	Social	Security Number
*If this authorization is signed copy of the representative's a	by a legal representative on be authority to this form (e.g., Healt	ehalf of the individual h Care Power of Atto	l, please comp rney, Executor	lete the following and attach a //Administrator of an estate):
Personal Representative's Na	ame:			
Relationship to Member:				

PA10-ST00443380



Disability Service Center P.O. Box 105426 Atlanta, GA 30348-5426 Tel 800-813-5682 Fax 800-850-0017 Email:disability@anthem.com

REIMBURSEMENT AGREEMENT

Employee's Name:	Darden	Millael	Alla	-L \
Employee's last 4 dig Social Security Numb	its of er	6330 Nuro, Inc.		4/15/21
Employer	Mura	IInc:		281K37M00
Anthem Blue Cross I agree to reimburse A receive from any persolaim for payment of preceding sentence i incurred in obtaining amount of my net receive to keep Anthe Cross Life may take wincluding, but not limit to Anthem Blue Cross I also acknowledge the directly from me or be	An benefits are either Life and Health Insur Anthem Blue Cross Lison or entity for loss benefits from the dissipance of the control of the analysis and the control of the analysis and the control of the analysis are either and the control of the control of the analysis are either and the control of the analysis are either and the control of the contr	fits under the disability plan sper insured by or administered ance Company (hereinafter relife 100% of the amount of beof wages incurred as a result of sability plan. In the event that it mount of my recovery, less attended to recovery), I agree to reimine the recovery), I agree to reimine the recovery of the status of means necessary to protect its intercompany, attorney, hospital, pheretaining to this occurrence, or set Life will have the right to recompany of the overpayment from the caused by or misinformation process.	on an employer selferred to as Anthem Elenefits I receive, have of the occurrence which 100% reimbursem torney fees and other burse Anthem Blue Company payment recovery seest. I also agree to auysician, surgeon or phoclaim.	f-funded basis by Blue Cross Life). I received, or shall ch gave rise to my ent provided in the r legal expenses I ross Life the entire o that Anthem Blue athorize any person armacist to release t of benefits, either payable under the
Michae	Q a Dark		4/25/2	.)
Signature		•	Date	

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Disability Service Center P.O. Box 105426 Atlanta, GA 30348-5426 Tel 800-813-5682 Fax 800-850-0017 Email:disability@anthem.com

COMMUNICATION CONSENT FORM

The Telephone Consumer Protection Act of 1991(TCPA), the Federal Communications Commission's (FCC) regulations and interpretative orders implementing the TCPA, the Federal Trade Commission's (FTC) Telemarketing Sales Rule of 2003 (TSR), and parallel state laws (collectively referred to as the Telecommunications Laws) impose strict rules governing how Anthem Blue Cross Life and Health Insurance Company (Anthem) may place outbound telephone calls and send text messages for Sales and Non-sales purposes to individuals.

In order to comply with the new federal regulation, please provide below what numbers we can contact you on in regard to your claim.

a12 160 5700

Phone number you wish to be contacted on:
This phone is:Cell phone or Land Line
Is this phone number registered on the National Do Not Call Registry?Yes No
Does Anthem have permission to contact you on this number? No
Print your name: Michael A Jarden
Your signature: X Milael a Arex
Date signed: 04/25/21 (MM/DD/YYYY)

Document 1 Filed 01/28/25

Page 155 of 500

12/17/24, 11:31 AM Tc.columbia.edu Mail - Short Term Disa. ST0044

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Darden, Michael <mad2255@tc.columbia.edu>

Short Term Disability ST00443380

LDClaimsTeam <LDClaimsTeam@anthem.com>
To: "MAD2255@TC.COLUMBIA.EDU" <MAD2255@tc.columbia.edu>

Thu, Jul 29, 2021 at 10:11 AM

Good Afternoon!

Please see the attached letter. Have a great day!

Life and Disability Claims Operations

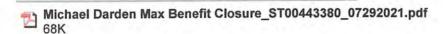
Kristi Leasure Short Term Disability Claims Manager

PO Box 105426, Atlanta, Georgia 30348-5426

O: (800) 232-0113 | F: (800) 850-0017

LDClaimsTeam@anthem.com

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July 29, 2021

MICHAEL A DARDEN **1801 SHORELINE DRIVE APT 307** ALAMEDA, CA 94501

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Anthem Blue Cross Life and Health Disability Service Center PO Box 105426 Atlanta, GA 30348-5426 Tel: 800-813-5682 Fax: 800-850-0017

July 29, 2021

MICHAEL A DARDEN 1801 SHORELINE DRIVE APT 307 ALAMEDA, CA 94501

RE: Disability Benefits

Claim Number: ST00443380 Reference Number: 423799 Group Number: 281837

Dear MICHAEL A DARDEN:

This letter is in regard to your Disability benefits.

Under your plan, the maximum period for which disability benefits are payable is 13 weeks. Since your benefits commenced on 4/22/2021, the maximum benefit period for your claim is 07/21/2021.

Your final benefit payment will be for the period 7/19/2021-7/21/2021, in the net amount of \$36.81 and will be issued on/about 7/30/2021. Following this payment your claim will be closed.

Should you have any questions or concerns regarding this notice please contact us at the number above.

Sincerely,

K LEASURE Disability Case Manager Tc.columbia.edu Mail - Michael Darden Long Te

isability LT00403220

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Darden, Michael <mad2255@tc.columbia.edu>

Michael Darden Long Term Disability LT00403220

Burnside, Eulene <eulene.burnside@anthem.com>
To: "MAD2255@TC.COLUMBIA.EDU" <MAD2255@tc.columbia.edu>
Cc: LDClaimsTeam <LDClaimsTeam@anthem.com>

Wed, Aug 11, 2021 at 1:26 PM

Good Afternoon Mr. Darden,

Reference is made to your claim for Long Term Disability benefits. Please refer to the attached letters and forms for detailed information.

Please contact me should you have any questions.

Sincerely

Eulene Burnside, Case Manager, Disability Claims

Toll free: 470-284-4504 | Fax: 800-850-0017

Anthem Inc. P O BOX 105426 Atlanta GA 30348-5426

Email: eulene.burnside@anthem.com

We Fre One

Please send all claims related correspondence to disability@anthem.com and cc: Eulene.burnside@anthem.com. This will ensure documentation of all correspondence received and will be available to my backup in the event that I am absent from work.



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12/17/24, 11:38 AM

Tc.columbia.edu Mail - Michael Darden Long Tc

isability LT00403220

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are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message and any attachment thereto.

5 attachments

Darden, Michael LTD acknowledgement.pdf 513K

Darden, Michael pre ex questionaire.pdf

SSA3288 2020- ANTHEM.pdf

Anthem Agreement Concerning LTD Benefits.pdf

Authorization For Release Of Information.pdf

A t 11, 2021

MICHAEL A DARDEN 1801 SHORELINE DRIVE APT 307 ALAMEDA, CA 94501

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Anthem Blue Cross Life and Health Disability Service Center

PO Box 105426 Atlanta, GA 30348-5426 Tel: 800-813-5682 Fax: 800-850-0017

August 11, 2021

MICHAEL A DARDEN 1801 SHORELINE DRIVE APT 307 ALAMEDA, CA 94501

RE: Long Term Disability

Claim Number: LT00403220 Reference Number: 443185 Group Number: 281837

NURO INC

Dear Mr. Darden:

This letter is to confirm receipt of your request for Long Term Disability (LTD) benefits. In order to complete our evaluation of your eligibility for benefits, the remaining portions of the LTD claim form must also be received.

- Signed Authori ation for Release of Information

In addition to the remainder of the LTD claim notice, we will require you to provide the following information:

- All available treatment medical records from all your physician(s) for the period of 4/15/2021 thru present.
- Social Security Release form SSA 3288
- Agreement Concerning Benefits
- Copy of California State Disability benefit pay stub

The terms of your disability plan require that you apply for Social Security Disability (SSD) benefits. There are many advantages to receiving SSD benefits.

- If you have already applied for SSD benefits, we need a copy of your "Receipt of Claim Form" issued by the Social Security Administration given to you at the time of application.
- If you have already been either awarded or denied SSD benefits, we need a copy of all pages of the Primary and/or Family Social Security Award(s) or Denial Notice.
- If you have not been awarded or denied SSD benefits, we need a copy of the Primary and/or Family Social Security Award(s) or Denial Notice as soon as it is received.

Please make sure that we receive the requested information as soon as possible, but no later than 30 days from the date of this letter. It is important that we receive the requested information by September 12, 2021, or your claim may be denied. We cannot make a decision on your claim, until we have sufficient information to determine whether you qualify for benefits under the terms of the policy.

You can submit the requested information via:

Fax to 800-850-0017

Email at Idclaimsteam@anthem.com, or

Mail at: Disability Service Center
P O Box 105426
Atlanta, GA 30348-5426

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Anthem Blue Cross Life and Health Disability Service Center

PO Box 105426 Atlanta, GA 30348-5426 Tel: 800-813-5682 Fax: 800-850-0017

hat to e pect

We will make our claim decision as quickly as we can. While most claim decisions will not take the maximum time allowed, the Employee Retirement Income Security Act of 1974, (ERISA) regulations require that we make our initial LTD decision within 45 days of the date the claim was received. Accordingly, we expect to make our decision no later than September 15, 2021. If we need more time because of things beyond our control, we may ask for up to two 30-day extensions. If we do need an extension, we will send you another letter letting you know that before September 15, 2021.

Should you have any questions or concerns in the meantime, please feel free to contact me at the toll free number above.

Sincerely,

Eulene Burnside Disability Case Manager, II Tc.columbia.edu M. Re: {EXTERNAL} Re: Michael Darden Long Term Dis

y LT00403220, Dr. Vergis, claims form, complet...



Darden, Michael <mad2255@tc.columbia.edu>

Re: {EXTERNAL} Re: Michael Darden Long Term Disability LT00403220, Dr. Vergis, claims form, completed, signed

1 message

Darden, Michael <mad2255@tc.columbia.edu>
To: LDClaimsTeam <LDClaimsTeam@anthem.com>
Cc: "Burnside, Eulene" <eulene.burnside@anthem.com>

Wed, Sep 22, 2021 at 9:41 AM

Hi, Ms. Burnside:

As indicated below, please find attached a copy of Dr. Vergis' completed, signed, Anthem "Pre-Existing" form:

Satisfactory, please?

Michael 917-868-8780

On Fri, Sep 17, 2021, 9:19 AM LDClaimsTeam < LDClaimsTeam@anthem.com> wrote:

Hello Mr. Darden,

Please see the attached request for information. Our request for information was sent to the following fax#. Please advise if there is a different fax number for Dr. Vergis.

8/27/2021 12:04 PM Transmission Record

Sent to: Emanuel Vergis, MD

Phone: ww14152910489

Billing information: ", "

Remote ID: 18667280650

Unique ID: "AF46128D4D871BF"

Elapsed time: 3 minutes, 16 seconds.

Used channel 10 on server "VA10P51358".

No ANI data.

No AOC data.

Resulting status code (0/339; 0/0): Success

Pages sent: 1 - 4

Delegate ID: ""

Thank you,

Michael

Case 4:25-cv-00911-DMR Document 1 Filed 01/28/25 Page 166 of 500

12/17/24, 11:42 AM

Tc.columbia.edu M

Re: {EXTERNAL} Re: Michael Darden Long Term Dis / LT00403220, Dr. Vergis, claims form, complet...

917-868-8780

On Wed, Aug 11, 2021, 1:26 PM Burnside, Eulene <eulene.burnside@anthem.com> wrote:

Good Afternoon Mr. Darden,

Reference is made to your claim for Long Term Disability benefits. Please refer to the attached letters and forms for detailed information.

Please contact me should you have any questions.

Eulene Burnside, Case Manager, Disability Claims

Toll free: 470-284-4504 | Fax: 800-850-0017

Anthem Inc. P O BOX 105426 | Atlanta GA 30348-5426

Email: eulene.burnside@anthem.com

ONo. The One

Please send all claims related correspondence to disability@anthem.com and cc: Eulene.burnside@anthem.com. This will ensure documentation of all correspondence received and will be available to my backup in the event that I am absent from work.

CONFIDENTIALITY NOTICE: This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information or may otherwise be protected by law. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message and any attachment thereto.

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12/17/24, 11:42 AM

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e: {EXTERNAL} Re: Michael Darden Long Term Disa

LT00403220, Dr. Vergis, claims form, complet...

167

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Document 1

Filed 01/28/25 Page 168 of 500



Anthem Blue Cross Life and Health Disability Service Center

PO Box 105426 Atlanta, GA 30348-5426 Tet 800-813-5682 Fax: 800-850-0017

August 27, 2021

Provider: Emanuel Vergis, MD

F: 415-291-0489 P:415-529-4099

Number of pages including cover: 4

Subject: MICHAEL A DARDEN

DOB: 05/05/1966

Claim Number: LT00403220 Reference Number: 443185

We received a disability claim for the above named patient. In order to determine if the patient is eligible for benefits, additional information is needed.

- 1. Please provide copies of medical records including all objective test results from 6/14/2020 thru 9/13/2020. V/A
- 2. Please advise us of the date of the initial office visit for the above named patient and the diagnosis for this visit.

4/21/2021 anxiety

3. Did you treat the above named patient during the period of 6/14/2020 thru 9/13/2020? If yes, please provide dates of treatment and the diagnosis for each date of treatment.



4. Did you prescribe any medications during the period of 6/14/2020 thru 9/13/2020? YES If yes, please provide the name of each drug, dosage and usage.



5.	To your knowledge, was the above named patient treated by any other physicians besides yourself during the period of 6/14/2020 thru 9/13/2020? YES or NO
	If yes, please provide all of those doctor's full names, addresses and telephone numbers.

Once ALL of the information is received it will be reviewed for consideration of benefits. Please find attached a copy of the signed authorization. Thank you for your help and we look forward to hearing from you.

Physician's Signature GMMIND NUGG Date 9/21/2021

Physician's Printed Name EMPAND N VERIORS

If payment is required, please fax an invoice with the tax identification number to the fax number listed above.

Sincerely,

Eulene Burnside

Eulene Burnside

Disability Case Manager

Tc.columbia

Mail - Michael Darden Long Term Disability LT00403

claim, Penny Fox letter, completed, signed 170



Darden, Michael <mad2255@tc.columbia.edu>

Michael Darden Long Term Disability LT00403220, claim, Penny Fox letter, completed, signed

Darden, Michael <mad2255@tc.columbia.edu>
To: LDClaimsTeam <LDClaimsTeam@anthem.com>
Cc: "Burnside, Eulene" <eulene.burnside@anthem.com>

Mon, Sep 27, 2021 at 11:08 AM

Hi, Ms. Burnside:

As requested, please find attached a copy of my psychotherapist Penny Fox's completed, signed, statement letter concerning Anthem's "Pre-Existing" concerns regarding this claim application:

Satisfactory, please?

Michael

917-868-8780

On Wed, Sep 22, 2021, 9:47 AM Darden, Michael <mad2255@tc.columbia.edu> wrote:

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Satisfactory, please?

Michael 917-868-8780

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8/27/2021 12:04 PM Transmission Record

Sent to: Emanuel Vergis, MD

Phone: ww14152910489

Billing information: ", "

Remote ID: 18667280650

Unique ID: "AF46128D4D871BF"

Elapsed time: 3 minutes, 16 seconds.

Case 4:25-cv-00911-DMR Document 1 Filed 01/28/25 Page 171 of 500 12/17/24, 11:49 AM Mail - Michael Darden Long Term Disability LT0040. , claim, Penny Fox letter, completed, signed 171 Used channel 10 on server "VA10P51358". No ANI data. No AOC data. Resulting status code (0/339; 0/0): Success Pages sent: 1 - 4 Delegate ID: "" Sincerely Eulene Burnside, Case Manager, Disability Claims Toll free: 470-284-4504 | Fax: 800-850-0017 Anthem Inc. P O BOX 105426 Atlanta GA 30348-5426 Email: eulene.burnside@anthem.com ONa. The One Please send all claims related correspondence to disability@anthem.com and cc: Eulene.burnside@anthem.com. This will ensure documentation of all correspondence received and will be available to my backup in the event that I am absent from work. From: Darden, Michael <mad2255@tc.columbia.edu> Sent: Friday, September 17, 2021 11:58 AM To: Burnside, Eulene <eulene.burnside@anthem.com> Cc: LDClaimsTeam <LDClaimsTeam@anthem.com> Subject: {EXTERNAL} Re: Michael Darden Long Term Disability LT00403220, Dr. Vergis, claims forms request

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Eulene:

I think there is confusion about the pre-existing period. Would you please email me the related forms for my PCP Dr. Vergis?

12/17/24, 11:49 AM

Tc.columbia

Mail - Michael Darden Long Term Disability LT0040

, claim, Penny Fox letter, completed, signed

172

He never received any forms from you all. I will provide Dr. Vergis the forms and provide you his completed forms once available.

Thank you,

Michael

917-868-8780

On Wed, Aug 11, 2021, 1:26 PM Burnside, Eulene <eulene.burnside@anthem.com> wrote:

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Sincerely

Eulene Burnside, Case Manager, Disability Claims

Toll free: 470-284-4504 | Fax: 800-850-0017

Anthem Inc. P O BOX 105426 Atlanta GA 30348-5426

Email: eulene.burnside@anthem.com

Wo The One

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12/17/24, 11:49 AM

Tc.columbi. Mail - Michael Darden Long Term Disability LT0040:

claim, Penny Fox letter, completed, signed

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Sep 26, Doc 1.pdf 221K 9/16/2021

To Whom It My Concern:

I saw Michael Darden between the dates of June 1st through September 10th of 2020. He did not have any of the signs and systems or the diagnosis related to his disability that started on April 15th 2021. His current disability diagnosis was not exhibited in any way during the above time period I saw him. He also was never diagnosed by me with his current disability diagnosis.

Fenny Fox MFT 25476

Sincerely,

Penny Fox



Darden, Michael <mad2255@tc.columbia.edu>

RE: {EXTERNAL} Michael Darden Long Term Disability LT00403220, claim, Penny Fox letter, completed, signed

LDClaimsTeam <LDClaimsTeam@anthem.com> To: "Darden, Michael" <mad2255@tc.columbia.edu> Cc: "Burnside, Eulene" <eulene.burnside@anthem.com> Wed, Oct 13, 2021 at 1:39 PM

Dear Mr. Darden:

We are currently reviewing your claim for Disability benefits. The Employee Retirement Income Security Act of 1974 (ERISA) requires us to notify you if there will be a delay in making a claim decision within 45 days from the receipt date of your claim. The 75th day for your claim is October 15, 2021.

At this time, the following additional information is needed to make a decision on your claim:

- Medical/clinical evidence to support the disability claimed
- Treatment records requested from Rodney Karr, PH.D for the period of June 14, 2020 thru September 13, 2020.

Please follow up accordingly to ensure that all of the above-noted information is submitted to our office no later than November 15, 2021 so that we may resume and complete our review of your claim. If we do not receive all requested information by the specified date, we will have no alternative but to deny your claim until all requested information is provided for consideration.

To expedite this process, all requested information may be submitted via fax to the number above. However, should you have any questions or concerns in the meantime, please feel free to contact me at the telephone number listed below.

Sincerely

Eulene Burnside, Case Manager, Disability Claims

Toll free: 470-284-4504 | Fax: 800-850-0017

Anthem Inc. P O BOX 105426 Atlanta GA 30348-5426

Email: eulene.burnside@anthem.com

12/17/24, 11:52 AM

Tc.columbia.edu N.

RE: {EXTERNAL} Michael Darden Long Term Disabi. ... (00403220, claim, Penny Fox letter, completed, ...

176

ONo. The One

Please send all claims related correspondence to disability@anthem.com and cc: Eulene.burnside@anthem.com. This will ensure documentation of all correspondence received and will be available to my backup in the event that I am absent from work.



From: Darden, Michael <mad2255@tc.columbia.edu>

Sent: Monday, September 27, 2021 2:08 PM

To: LDClaimsTeam <LDClaimsTeam@anthem.com> Cc: Burnside, Eulene <eulene.burnside@anthem.com>

Subject: {EXTERNAL} Michael Darden Long Term Disability LT00403220, claim, Penny Fox letter, completed, signed

This email originated outside the company. Do not click links or attachments unless you recognize the sender.

Hi, Ms. Burnside:

As requested, please find attached a copy of my psychotherapist Penny Fox's completed, signed, statement letter concerning Anthem's "Pre-Existing" concerns regarding this claim application:

Satisfactory, please?

Michael

917-868-8780

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12/17/24, 11:52 AM Tc.columbia.edu N. RE: {EXTERNAL} Michael Darden Long Term Disabil. 00403220, claim, Penny Fox letter, completed, ...

Satisfactory, please?

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No ANI data.

No AOC data.

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Pages sent: 1 - 4

Delegate ID: ""

Sincerely

Eulene Burnside, Case Manager, Disability Claims

Toll free: 470-284-4504 | Fax: 800-850-0017

Anthem Inc. P O BOX 105426 Atlanta GA 30348-5426

Email: eulene.burnside@anthem.com

12/17/24, 11:52 AM

178

ONo. The One

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From: Darden, Michael <mad2255@tc.columbia.edu>

Sent: Friday, September 17, 2021 11:58 AM

To: Burnside, Eulene <eulene.burnside@anthem.com> Cc: LDClaimsTeam < LDClaimsTeam@anthem.com>

Subject: {EXTERNAL} Re: Michael Darden Long Term Disability LT00403220, Dr. Vergis, claims forms request

This email originated outside the company. Do not click links or attachments unless you recognize the sender.

Eulene:

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He never received any forms from you all. I will provide Dr. Vergis the forms and provide you his completed forms once available.

Thank you,

Michael

917-868-8780

On Wed, Aug 11, 2021, 1:26 PM Burnside, Eulene <eulene.burnside@anthem.com> wrote:

Good Afternoon Mr. Darden,

Reference is made to your claim for Long Term Disability benefits. Please refer to the attached letters and forms for detailed information.

Please contact me should you have any questions.

RE: {EXTERNAL} Michael Darden Long Term Disabil. .00403220, claim, Penny Fox letter, completed, ...

Sincerely

Eulene Burnside, Case Manager, Disability Claims

Toll free: 470-284-4504 | Fax: 800-850-0017

Anthem Inc. P O BOX 105426 Atlanta GA 30348-5426

Email: eulene.burnside@anthem.com

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Darden, Michael 75-day erisa.pdf 466K

October 13, 2021

MICHAEL A DARDEN **1801 SHORELINE DRIVE APT 307** ALAMEDA, CA 94501

181



Anthem Blue Cross Life and Health Disability Service Center

PO Box 105426 Atlanta, GA 30348-5426 Tel: 800-813-5682 Fax: 800-850-0017

October 13, 2021

MICHAEL A DARDEN 1801 SHORELINE DRIVE **APT 307** ALAMEDA, CA 94501

RE: Disability Benefits - LT00403220 Reference Number: 443185 Group Number: 281837 **NURO INC**

Dear Mr. Darden:

We are currently reviewing your claim for Disability benefits. The Employee Retirement Income Security Act of 1974 (ERISA) requires us to notify you if there will be a delay in making a claim decision within 45 days from the receipt date of your claim. The 75th day for your claim is October 15, 2021.

At this time, the following additional information is needed to make a decision on your claim:

- Medical/clinical evidence to support the disability claimed
- Treatment records requested from Rodney Karr, PH.D for the period of June 14, 2020 thru September 13, 2020.

Please follow up accordingly to ensure that all of the above-noted information is submitted to our office no later than November 15, 2021 so that we may resume and complete our review of your claim. If we do not receive all requested information by the specified date, we will have no alternative but to deny your claim until all requested information is provided for consideration.

To expedite this process, all requested information may be submitted via fax to the number above. However, should you have any questions or concerns in the meantime, please feel free to contact me at the telephone number listed above.

Sincerely, Eulene Burnside **Eulene Burnside** Disability Case Manager, II

You have the right to get this information and help in your language for free. Please call Customer Service at 800-232-0113 for assistance. (TTY/TDD: 711)

Tiene derecho a recibir esta información y ayuda en su idioma de manera gratuita. Llame al Servicio de Atención al Cliente al 1-800-232-0113 para solicitar ayuda. (TTY/TDD: 711).

您可免費享有本資訊的語言幫助服務。請致電客戶服務部獲取幫助: 1-800-232-0113(TTY/TDD: 711)。



Darden, Michael <mad2255@tc.columbia.edu>

RE: {EXTERNAL} Re: Darden, Michael LT00403220, Anthem Disability claim, Penny Fox clarification letter

LDClaimsTeam <LDClaimsTeam@anthem.com>
To: "Darden, Michael" <mad2255@tc.columbia.edu>
Co: "Burnside, Eulene" <eulene.burnside@anthem.com>

Sun, Dec 19, 2021 at 7:19 AM

Hello Mr. Darden.

Your claim for Long Term Disability has been approved. A copy of your approval letter is attached.

Please contact me should you have any questions.

Sincerely

Eulene Burnside, Case Manager, Disability Claims

Toll free: 470-284-4504 | Fax: 800-850-0017

Anthem Inc. P O BOX 105426 | Atlanta GA 30348-5426

Email: eulene.burnside@anthem.com

We Fire One

Please send all claims related correspondence to disability@anthem.com and cc: Eulene.burnside@anthem.com. This will ensure documentation of all correspondence received and will be available to my backup in the event that I am absent from work.











From: Darden, Michael <mad2255@tc.columbia.edu> Sent: Wednesday, November 24, 2021 2:33 AM To: LDClaimsTeam <LDClaimsTeam@anthem.com>

Cc: Burnside, Eulene <eulene.burnside@anthem.com>; Johnson, Nanette <Nanette.Johnson@anthem.com> Subject: {EXTERNAL} Re: Darden, Michael LT00403220, Anthem Disability claim, Penny Fox clarification letter

12/17/24, 12:27 PM Tc.columbia.edu - RE: {EXTERNAL} Re: Darden, Michael LT0040322L, .hem Disability claim, Penny Fox clarification letter 183

This email originated outside the company. Do not click links or attachments unless you recognize the sender.

Attached, as requested.	
Satisfactory?	
Thank you,	
Michael	
917-868-8780	
On Wed, Nov 17, 2021, 10:57 AM Darden, Michael <mad2255@tc.columbia.edu> wrote: Good Day:</mad2255@tc.columbia.edu>	
What's the status of my Claim (LT00403220), please?	
Thank you and be well,	
Michael	
Michael Darden	
917-868-8780	
On Fri, Oct 29, 2021, 2:04 PM Darden, Michael <mad2255@tc.columbia.edu> wrote:</mad2255@tc.columbia.edu>	
Attached, please find the below-indicated, completed and signed form:	
Satisfactory, please?	
Do you need further information from me?	
Thank you and take care,	
Michael	

12/17/24, 12:27 PM Tc.columbia.edu - RE: {EXTERNAL} Re: Darden, Michael LT0040322u, ...hem Disability claim, Penny Fox clarification letter

Michael Darden

917-868-8780

On Mon, Oct 18, 2021, 5:58 AM LDClaimsTeam <LDClaimsTeam@anthem.com> wrote:

Hello Mr. Darden,

Attached is the email sent to Dr. Karr's office

Sincerely

Eulene Burnside, Case Manager, Disability Claims

Toll free: 470-284-4504 | Fax: 800-850-0017

Anthem Inc. | P O BOX 105426 | Atlanta GA 30348-5426

Email: eulene.burnside@anthem.com

We Hro One

Please send all claims related correspondence to disability@anthem.com and cc: Eulene.burnside@anthem.com. This will ensure documentation of all correspondence received and will be available to my backup in the event that I am absent from work.

From: LDClaimsTeam

Sent: Wednesday, October 13, 2021 4:56 PM

To: rodneygkarr@sbcglobal.net

Cc: Burnside, Eulene <eulene.burnside@anthem.com>

Subject: Darden, Michael LT00403220

Provider: Rodney Karr, PH.D

Phone: 415-931-1934

Subject: MICHAEL A DARDEN

We received a disability claim for the above named patient. In order to determine if the patient is eligible for benefits, additional information is needed.

- 1. Please provide copies of medical records including all objective test results from 6/14/2020 thru 9/13/2020.
- 2. Please advise us of the date of the initial office visit for the above named patient and the diagnosis for this visit.
- 3. Did you treat the above named patient during the period of 6/14/2020 thru 9/13/2020? YES or NO

If yes, please provide dates of treatment and the diagnosis for each date of treatment.

- 4. Did you prescribe any medications during the period of 6/14/2020 thru 9/13/2020? YES or NO If yes, please provide the name of each drug, dosage and usage.
- 5. To your knowledge, was the above named patient treated by any other physicians besides yourself during the

period of 6/14/2020 thru 9/13/2020YES or NO

If yes, please provide all of those doctor's full names, addresses and telephone numbers.

Case 4:25-cv-00911-DMR Document 1 Filed 01/28/25 Page 186 of 500 12/17/24, 12:27 PM RE: {EXTERNAL} Re: Darden, Michael LT0040322\ hem Disability claim, Penny Fox clarification letter Once ALL of the information is received it will be reviewed for consideration of benefits. Please find attached a copy of the signed authorization. Thank you for your help and we look forward to hearing from you. Physician's Signature _____ Date ____ Physician's Printed Name _____ If payment is required, please fax an invoice with the tax identification number to the fax number listed above. Sincerely, Eulene Burnside Eulene Burnside Disability Case Manager, II

Sincerely

Eulene Burnside, Case Manager, Disability Claims

Toll free: 470-284-4504 | Fax: 800-850-0017

Anthem Inc. | P O BOX 105426 | Atlanta GA 30348-5426

Email: eulene.burnside@anthem.com

Wo. The One

Case 4:25-cv-00911-DMR Document 1 Filed 01/28/25 Page 187 of 500

12/17/24, 12:27 PM Tc.columbia.edu - RE: {EXTERNAL} Re: Darden, Michael LT0040322 them Disability claim, Penny Fox clarification letter

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Darden, Michael LTD approval letter.pdf 150K

Tc.columbia.edu M

te: FW: Darden, Michael LT00403220, Anthem Disat.

Jaim, Rodney Karr, form completed, signed; rev...



Darden, Michael <mad2255@tc.columbia.edu>

Re: FW: Darden, Michael LT00403220, Anthem Disability claim, Rodney Karr, form completed, signed; revised form

Darden, Michael <mad2255@tc.columbia.edu>
To: LDClaimsTeam <LDClaimsTeam@anthem.com>
Cc: "Burnside, Eulene" <eulene.burnside@anthem.com>

Fri, Oct 29, 2021 at 2:04 PM

Attached, please find the below-indicated, completed and signed form:

Satisfactory, please?

Do you need further information from me?

Thank you and take care,

Michael Michael Darden 917-868-8780

On Mon, Oct 18, 2021, 5:58 AM LDClaimsTeam <LDClaimsTeam@anthem.com> wrote:

Hello Mr. Darden,

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Sincerely

Eulene Burnside, Case Manager, Disability Claims

Toll free: 470-284-4504 | Fax: 800-850-0017

Anthem Inc. P O BOX 105426 Atlanta GA 30348-5426

Email: eulene.burnside@anthem.com

We Fire One

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12/17/24, 11:59 AM

Tc.columbia.edu N

Re: FW: Darden, Michael LT00403220, Anthem Disa.

claim, Rodney Karr, form completed, signed; rev...

189

From: LDClaimsTeam

Sent: Wednesday, October 13, 2021 4:56 PM

To: rodneygkarr@sbcglobal.net

Cc: Burnside, Eulene <eulene.burnside@anthem.com>

Subject: Darden, Michael LT00403220

Provider: Rodney Karr, PH.D

Phone: 415-931-1934

Subject: MICHAEL A DARDEN

DOB: 1966

Claim Number: LT00403220

Reference Number: 443185

We received a disability claim for the above named patient. In order to determine if the patient is eligible for benefits, additional information is needed.

- 1. Please provide copies of medical records including all objective test results from 6/14/2020 thru 9/13/2020.
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- Did you treat the above named patient during the period of 6/14/2020 thru 9/13/2020? YES or NO
 If yes, please provide dates of treatment and the diagnosis for each date of treatment.
- Did you prescribe any medications during the period of 6/14/2020 thru 9/13/2020? YES or NO
 lf yes, please provide the name of each drug, dosage and usage.

12/17/24, 11:59 AM

Tc.columbia.edu (

Re: FW: Darden, Michael LT00403220, Anthem Disa

claim, Rodney Karr, form completed, signed; rev...

5. To your knowledge, was the above named patient treated by any other physicians besides yourself during the

period of 6/14/2020 thru 9/13/2020YES or NO

If yes, please provide all of those doctor's full names, addresses and telephone numbers.

Once **ALL** of the information is received it will be reviewed for consideration of benefits. Please find attached a copy of the signed authorization. Thank you for your help and we look forward to hearing from you.

Physician's Signature Date _	
------------------------------	--

Physician's Printed Name

If payment is required, please fax an invoice with the tax identification number to the fax number listed above.

Sincerely,

Eulene Burnside

Eulene Burnside

Disability Case Manager, II

12/17/24, 11:59 AM

Tc.columbia.edu l

Re: FW: Darden, Michael LT00403220, Anthem Disa

claim, Rodney Karr, form completed, signed; rev...

191

Sincerely

Eulene Burnside, Case Manager, Disability Claims

Toll free: 470-284-4504 | Fax: 800-850-0017

Anthem Inc. | P O BOX 105426 | Atlanta GA 30348-5426

Email: eulene.burnside@anthem.com

We Fire One

Please send all claims related correspondence to disability@anthem.com and cc: Eulene.burnside@anthem.com. This will ensure documentation of all correspondence received and will be available to my backup in the event that I am absent from work.

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Michael Darden, Anthem Disability Claim, Pre-Existing Condition, Dr. Rodney Karr, completed, signed.pdf

Provider: Rodney Karr, PH.D

Phone: 415-931-1934

Subject: MICHAEL A DARDEN

DOB: 11966

Claim Number: LT00403220 Reference Number: 443185

We received a disability claim for the above named patient. In order to determine if the patient is eligible for benefits, additional information is needed.

1. Please provide copies of medical records including all objective test results from 6/14/2020 thru 9/13/2020.

None. N/A.

2. Please advise us of the date of the initial office visit for the above named patient and the diagnosis for this visit.

October 31, 2020. Diagnosis: _____N/A___

3. Did you treat the above named patient during the period of 6/14/2020 thru 9/13/2020? YES or NO X

If yes, please provide dates of treatment and the diagnosis for each date of treatment.

4. Did you prescribe any medications during the period of 6/14/2020 thru 9/13/2020? YES or NO X If yes, please provide the name of each drug, dosage and usage.

5. To your knowledge, was the above named patient treated by any other physicians besides yourself during the

period of 6/14/2020 thru 9/13/2020YES or NO_X

If yes, please provide all of those doctor's full names, addresses and telephone numbers.

Once **ALL** of the information is received it will be reviewed for consideration of benefits. Please find attached a copy of the signed authorization. Thank you for your help and we look forward to hearing from you.

Physician's Printed Name

Rodney Karr, PhD

If payment is required, please fax an invoice with the tax identification number to the fax number listed above.

Sincerely,

Eulene Burnside

Eulene Burnside

Disability Case Manager, II

To: +18008500017

Page: 05 or

2021-08-12 05:47:49 GMT

038430310

From: Michael Darden

Long Term Disability Employee Authorization for Release of Information

Anthem Life

AUTHORIZATION TO BE COMPLETED BY CLAIMANT

AUTHORIZATION FOR RELEASE OF INFORMATION (HIPAA COMPLIANT)

(to be signed and dated by the insured/claimant)

I authorize any licensed physician, any other medical practitioner or provider, pharmacist, hospital, clinic, other medical pretend facility, federal, state or local government agency, insurance or reinsuring company, consumer reporting agency or employer having information available as to diagnosis, treatment and prognosis with respect to any physical or mental condition and/or treatment of me, and any non-medical information about me, to give any and all such information to authorized representatives of Anthem Life Insurance Company (Anthem Life) and including, but not limited to any other mental or psychiatric records, medical, dental and hospital records (including psychiatric, alcohol, and drug abuse, and HIV/AIOS information) which may have been acquired in the course of examination or treatment. Lunderstand that the information obtained by use of this authorization will be used by Anthem Life representatives to evaluate and adjudicate my current disability claim, and may be re-disclosed to (a) any medical, investigative, financial or vacational specialist or entity, or (b) any other organization or person, employed by or representing Anthem Life solely to assist with the evaluation and edjudication of my current disability claim, Each such person or entity to whom this re-disclosure is made shall comply with the HPAA Privacy Rule as regards any re-disclosed protected health information.

This authorization is valid during the pendency of my claim and shall expire on the date my claim finally ends. A photocopy of this authorization is as valid as the original. understand that my authorized representative or I have the right to request and receive a copy of this authorization and the information tu which it pertains.

Lunderstand that I have the right to revoke this authorization by notifying Anthem Life in writing, of my revocation. However, such revocation is not effective to the extent that Anthem Life have relied previously upon this authorization for the use or disclosure of my protected health information. In addition, Lunderstand that my revocation of, or my failure to sign this authorization may impair Anthem Life's ability to evaluate my current disability claim and as a result may be a basis for denying that current disability claim for benefits.

if you reside in California, Connecticut or North Dakota: This authorization excludes the release of information about Human Immunodeficiency Virus (HDD.

If you reside in Minnesota: This authorization excludes the release of information about HIV (AIDS VIRUS) tests.

If you reside in Maine: This authorization excluties disclosure of the result of a test for NIV If the applicant has tested positive but has not developed symptoms of the disease AIDS. Such test results shall not be discovered or published. Nothing in this caveat will prohibit this authorization from including the fact that the applicant has AIDS.

If you reside in Vermont: This authorization EXCLUBES the release of any information about previously administered HIV-related tests, including but not limited to tests for HIV antibodies, T-Cell counts, AIDS or ARC. The proposed insured is NOT AUTHORIZING ANTHEM LIFE to forward the results from any new test, requested by us, to any outside, non-affiliated company or entity not under specific contract with us to perform underwriting services, and ANTHEM LIFE shall comply, as applicable with the provisions of Title 8, Section 4724 (26) of the Vermont Statutes.

Claimant printed name

Michael Darden

Birthdate (mm/dd/yyyy)

05/05/2021

lideal a banker

Date (mm/dd/yyyy) 8/11/2021

Relationship of authorized autson

Description of personal representative's authority, if applicable (If signed by authorized representative, attach varification of identity.)

Send completed form to:

Anthem Life Insurance Company Disability Claim Service Center - LTD Unit P.O. Box 105426 Atlanta, GA 30348-5426

for customer service:

Call: 800-813-5662 Fax: 809-850-0017

The or health process or not comes process to be record to pay it. With the operator cases, there it is not be a contract to be recorded and the contract of t



Darden, Michael <mad2255@tc.columbia.edu>

RE: {EXTERNAL} Darden, Michael LT00403220, Anthem Disability claim, Status Update Request

LDClaimsTeam <LDClaimsTeam@anthem.com>
To: "Darden, Michael" <mad2255@tc.columbia.edu>
Co: "Burnside, Eulene" <eulene.burnside@anthem.com>

Fri, Nov 19, 2021 at 11:13 AM

Hello Mr. Darden,

Your claim remains under review for claim decision. We have reviewed the medical information you provided, however, without the therapy records from Penelope Fox for treatment you received during the period of 6/14/2020 thru 9/13/2020 we are unable to definitively rule out the pre- existing condition exclusion as it applies to your group policy.

Sincerely

Eulene Burnside, Case Manager, Disability Claims

Toll free: 470-284-4504 | Fax: 800-850-0017

Anthem Inc. P O BOX 105426 Atlanta GA 30348-5426

Email: eulene.burnside@anthem.com

We The One

Please send all claims related correspondence to disability@anthem.com and cc: Eulene.burnside@anthem.com. This will ensure documentation of all correspondence received and will be available to my backup in the event that I am absent from work.



From: Darden, Michael <mad2255@tc.columbia.edu>
Sent: Wednesday, November 17, 2021 1:57 PM
To: LDClaimsTeam <LDClaimsTeam@anthem.com>
Cc: Burnside, Eulene <eulene.burnside@anthem.com>

Subject: {EXTERNAL} Darden, Michael LT00403220, Anthem Disability claim, Status Update Request

Sincerely

Eulene Burnside, Case Manager, Disability Claims

12/17/24, 12:12 PM

Tc.columbia.e

ail - RE: {EXTERNAL} Darden, Michael LT00403220

em Disability claim, Status Update Request

Toll free: 470-284-4504 | Fax: 800-850-0017

Anthem Inc. P O BOX 105426 Atlanta GA 30348-5426

Email: eulene.burnside@anthem.com

We Fire One

Please send all claims related correspondence to disability@anthem.com and cc: Eulene.burnside@anthem.com. This will ensure documentation of all correspondence received and will be available to my backup in the event that I am absent from work.

From: LDClaimsTeam

Sent: Wednesday, October 13, 2021 4:56 PM

To: rodneygkarr@sbcglobal.net

Cc: Burnside, Eulene <eulene.burnside@anthem.com>

Subject: Darden, Michael LT00403220

Provider: Rodney Karr, PH.D

Phone: 415-931-1934

Subject: MICHAEL A DARDEN

DOB: /1966

/1900

Claim Number: LT00403220

Reference Number: 443185

We received a disability claim for the above named patient. In order to determine if the patient is eligible for benefits, additional information is needed.

1. Please provide copies of medical records including all objective test results from 6/14/2020 thru 9/13/2020.

17/24, 12	Case 4:25-cv-009/21\DMR Do::12 PM Tc.columbia. Itail - RE: {EXTE 2. Please advise us of the date of the in this visit.	RNAL) Darden, Michael		Page 198 of 500 em Disability claim, Status Upo ed patient and the diag	
	Did you treat the above named patient NO	nt during the period	i of 6/14/2020	thru 9/13/2020 ? YES	or
	If yes, please provide dates of treatmo	ent and the diagno	sis for each da	te of treatment.	
	Did you prescribe any medications defined by the second seco	uring the period of	6/14/2020 thro	ı 9/13/2020 ? YES or	NO
	If yes, please provide the name of each	• .			
	5. To your knowledge, was the above n	amed patient treate	ed by any othe	r physicians besides yo	urself
	during the				
	period of 6/14/2020 thru 9/13/2020Y				
	If yes, please provide all of those doc	tors full names, ad	aresses and te	elepnone numbers.	
	Once ALL of the information is received attached a copy of the signed authorizate				
	you.				
	Physician's Signature		_ Date		_
	Physician's Printed Name		_		
	Physician's Printed Name If payment is required, please fax an listed above.			on number to the fax i	num

12/17/24, 12:12 PM

Tc.columbia. //ail - RE: {EXTERNAL} Darden, Michael LT0040322

them Disability claim, Status Update Request 199

Sincerely,

Eulene Burnside

Eulene Burnside

Disability Case Manager, II

Sincerely

Eulene Burnside, Case Manager, Disability Claims

Toll free: 470-284-4504 | Fax: 800-850-0017

Anthem Inc. | P O BOX 105426 | Atlanta GA 30348-5426

Email: eulene.burnside@anthem.com

Wo Stro One

Please send all claims related correspondence to disability@anthem.com and cc: Eulene,burnside@anthem.com. This will ensure documentation of all correspondence received and will be available to my backup in the event that I am absent from work.

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Darden, Michael <mad2255@tc.columbia.edu>

Re: Darden, Michael LT00403220, Anthem Disability claim, Penny Fox clarification letter

1 message

Darden, Michael <mad2255@tc.columbia.edu>

Tue, Nov 23, 2021 at 11:32 PM

To: LDClaimsTeam <LDClaimsTeam@anthem.com>

Cc: "Burnside, Eulene" <eulene.burnside@anthem.com>, nanette.johnson@anthem.com

Bcc: G Wyche <gmwyche@gmail.com>

Attached, as requested.

Satisfactory?

Thank you,

Michael 917-868-8780

On Wed, Nov 17, 2021, 10:57 AM Darden, Michael <mad2255@tc.columbia.edu> wrote: Good Day:

What's the status of my Claim (LT00403220), please?

Thank you and be well,

Michael Michael Darden 917-868-8780

On Fri, Oct 29, 2021, 2:04 PM Darden, Michael <mad2255@tc.columbia.edu> wrote: Attached, please find the below-indicated, completed and signed form:

Satisfactory, please?

Do you need further information from me?

Thank you and take care,

Michael Michael Darden 917-868-8780

On Mon, Oct 18, 2021, 5:58 AM LDClaimsTeam <LDClaimsTeam@anthem.com> wrote:

Hello Mr. Darden,

Attached is the email sent to Dr. Karr's office

Sincerely

Toll free: 470-284-4504 | Fax: 800-850-0017

Anthem Inc. P O BOX 105426 | Atlanta GA 30348-5426

Email: eulene.burnside@anthem.com

Wo Fre One

Please send all claims related correspondence to disability@anthem.com and cc: Eulene.burnside@anthem.com. This will ensure documentation of all correspondence received and will be available to my backup in the event that I am absent from work.

From: LDClaimsTeam

Sent: Wednesday, October 13, 2021 4:56 PM

To: rodneygkarr@sbcglobal.net

Cc: Burnside, Eulene <eulene.burnside@anthem.com>

Subject: Darden, Michael LT00403220

Provider: Rodney Karr, PH.D

Phone: 415-931-1934

Subject: MICHAEL A DARDEN

DOB: 1966

Claim Number: LT00403220

Reference Number: 443185

We received a disability claim for the above named patient. In order to determine if the patient is eligible for benefits, additional information is needed.

 Please provide copies of medical records incl 9/13/2020. 	uding all objective test results from 6/14/2020 thru
2. Please advise us of the date of the initial office this visit.	e visit for the above named patient and the diagnosis for
2. Did you troot the above named nations during	the period of 8/44/2020 them 9/43/20202 VES or
NO	the period of 6/14/2020 thru 9/13/2020? YES or
If yes, please provide dates of treatment and t	he diagnosis for each date of treatment.
4. Did you prescribe any medications during the	period of 6/14/2020 thru 9/13/2020? YES or NO
If yes, please provide the name of each drug,	dosage and usage.
To your knowledge, was the above named paduring the	tient treated by any other physicians besides yourself
period of 6/14/2020 thru 9/13/2020YES or	NO
If yes, please provide all of those doctor's full	names, addresses and telephone numbers.
	e reviewed for consideration of benefits. Please find ank you for your help and we look forward to hearing
Physician's Signature	Date

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7

Anthem Disability claim letter, Penny Fox clarification, for Michael Darden.pdf 58K

Penny Fox, LMFT 1810 Birch St. Palo Alto, CA 94306 650-327-7408

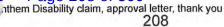
11/23/2021

To Whom It My Concern:

To clarify my previous communication on 9/16/2021, I saw Michael Darden between the dates of June 1st through September 10th of 2020. Mr. Darden did not have major depression during this time period. His condition prior to his employment at Nuro Inc. did not contribute in any way to his current disability. Events that took place in 2021 are the events and only events that led to his disability. To be clear, his diagnosis prior to his employment at Nuro. Inc. did not contribute in any way to his disability.

Sincerely,

Penny Fox



Tue, Dec 21, 2021 at 10:14 AM



Darden, Michael <mad2255@tc.columbia.edu>

Fwd: {EXTERNAL} Re: Darden, Michael LT00403220, Anthem Disability claim, approval letter, thank you

1 message

Darden, Michael <mad2255@tc.columbia.edu>

To: LDClaimsTeam <LDClaimsTeam@anthem.com>

Cc: "Burnside, Eulene" <eulene.burnside@anthem.com>

Hi, Claims Team:

Thank you very much (belatedly), and take care.

Michael Michael Darden 917-868-8780

----- Forwarded message -----

From: LDClaimsTeam <LDClaimsTeam@anthem.com>

Date: Sun, Dec 19, 2021, 7:19 AM

Subject: RE: {EXTERNAL} Re: Darden, Michael LT00403220, Anthem Disability claim, Penny Fox clarification letter

To: Darden, Michael <mad2255@tc.columbia.edu>
Cc: Burnside, Eulene <eulene.burnside@anthem.com>

Hello Mr. Darden,

Your claim for Long Term Disability has been approved. A copy of your approval letter is attached.

Please contact me should you have any questions.

Sincerely

Eulene Burnside, Case Manager, Disability Claims

Toll free: 470-284-4504 | Fax: 800-850-0017

Anthem Inc. P O BOX 105426 Atlanta GA 30348-5426

Email: eulene.burnside@anthem.com

We Fre One

Please send all claims related correspondence to disability@anthem.com and cc: Eulene.burnside@anthem.com. This will ensure documentation of all correspondence received and will be available to my backup in the event that I am absent from work.

Document 1

Filed 01/28/25

Page 209 of 500

Case 4:25-cv-00911-DMR

On Fri, Oct 29, 2021, 2:04 PM Darden, Michael <mad2255@tc.columbia.edu> wrote:

Attached, please find the below-indicated, completed and signed form:

Satisfactory, please?

Do you need further information from me?

Thank you and take care,

Michael

Michael Darden

917-868-8780

On Mon, Oct 18, 2021, 5:58 AM LDClaimsTeam <LDClaimsTeam@anthem.com> wrote:

Hello Mr. Darden,

Attached is the email sent to Dr. Karr's office

Sincerely

Eulene Burnside, Case Manager, Disability Claims

Toll free: 470-284-4504 | Fax: 800-850-0017

Anthem Inc. P O BOX 105426 | Atlanta GA 30348-5426

Email: eulene.burnside@anthem.com

Wo The One

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12/17/24, 12:26 PM

Tc.columbia.edu - Fwd: {EXTERNAL} Re: Darden, Michael LT004032. hthem Disability claim, approval letter, thank you 211

From: LDClaimsTeam

Sent: Wednesday, October 13, 2021 4:56 PM

To: rodneygkarr@sbcglobal.net

Cc: Burnside, Eulene <eulene.burnside@anthem.com>

Subject: Darden, Michael LT00403220

Provider: Rodney Karr, PH.D

Phone: 415-931-1934

Subject: MICHAEL A DARDEN

DOB: /1966

Claim Number: LT00403220 Reference Number: 443185

We received a disability claim for the above named patient. In order to determine if the patient is eligible for benefits, additional information is needed.

- Please provide copies of medical records including all objective test results from 6/14/2020 thru 9/13/2020.
- 2. Please advise us of the date of the initial office visit for the above named patient and the diagnosis for this visit.
- Did you treat the above named patient during the period of 6/14/2020 thru 9/13/2020? YES or NO

If yes, please provide dates of treatment and the diagnosis for each date of treatment.

Did you prescribe any medications during the period of 6/14/2020 thru 9/13/2020? YES or NO
lf yes, please provide the name of each drug, dosage and usage.

4:25-cv-00911-DMR Tc.columbia.eduFwd: {EX		nem Disability claim, approval letter,	thank you
~~ ~		212	

	5. To your knowledge, was the above named patient treated by any other physicians besides yourself during the
	period of 6/14/2020 thru 9/13/2020YES or NO
	If yes, please provide all of those doctor's full names, addresses and telephone numbers.
	Once ALL of the information is received it will be reviewed for consideration of benefits. Please find attached a copy of the signed authorization. Thank you for your help and we look forward to hearing from you.
	Physician's Signature Date
	Physician's Printed Name
!	If payment is required, please fax an invoice with the tax identification number to the fax number listed above.

Sincerely,

Eulene Burnside

Eulene Burnside

Disability Case Manager, II

Sincerely

Eulene Burnside, Case Manager, Disability Claims

Toll free: 470-284-4504 | Fax: 800-850-0017

Anthem Inc. P O BOX 105426 Atlanta GA 30348-5426

Email: eulene.burnside@anthem.com

We Fire One

Please send all claims related correspondence to disability@anthem.com and cc: Eulene.burnside@anthem.com. This will ensure documentation of all correspondence received and will be available to my backup in the event that I am absent from work.

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Anthem Disability Insurance Company Disability Claims Service Center PO Box 105426 Atlanta, GA 30348-5426

Phone: 800-232-0113 Fax: 800-850-0017

December 20, 2021

MICHAEL A DARDEN 1801 SHORELINE DRIVE APT 307 ALAMEDA, CA 94501

RE: Claim Number: LT00403220

Reference Number: 443185

NURO INC

DEAR MICHAEL A DARDEN.

Please be advised that your claim has been approved. under a limited provision, which states if your disability is due to a mental illness, substance abuse, or self-reported symptoms we will pay you a monthly payment up to 24 months. We will not pay you a monthly payment beyond the maximum payment duration.

LTD benefits have been calculated using the benefit formula in your group policy. The policy calculation indicates your monthly earnings to be \$10,416.67. Your LTD benefits equal 60% of your monthly benefits, subject to a maximum benefit amount of \$10,000.00 and a minimum benefit amount of \$100.00. Your LTD monthly benefit is \$6250.00 less any applicable Social Security and/or Medicare taxes.

Based on the information contained within your claim file, including information from your employer and physician, we have determined that you became disabled as defined by the policy on 04/15/2021. The LTD policy has an Elimination Period of 90 days, during which no benefit periods are due. After satisfaction of the Elimination Period, your LTD benefits become payable on 07/22/2021.

If you return to work full time or part time, please notify us immediately to prevent an overpayment of benefits. You may be eligible for partial disability benefits.

Benefit payments will cease when you (1) return to work, (2) are released to return to work, (3) fail to provide evidence of ongoing Proof of Loss as defined by your policy, (4) or fail to meet any of the conditions for eligibility as defined in the group's policy.

The policy under which you are covered provides disability benefits as long as you are unable to perform the Main Duties of your Own Occupation. The maximum benefit period for LTD benefits 07/22/2023. Provided adequate documentation of continuous disability is received through the duration of your claim, this is the latest date to which benefits may be payable on your claim.

We require periodic medical updates to assess your disability status. You will be notified if additional medical information is needed from time to time to determine the status of your disability. Company, at its own expense, has the right to have a physician of its choice examine you as often as necessary to determine the state of your disability.

If, upon further investigation or other valid reasons arise for limiting or denying your claim, which have not been previously considered, could come to our attention. Therefore, Anthem reserves or right to consider and assert other valid reasons for limitation or denial of your claim should they occur in the

Anthem should be notified immediately of any other income that you are receiving. Certain other income, such as an award of retirement/pension benefits, worker's compensation, Social Security Disability benefits, or any other benefits received to supplement or replace lost wages could be applicable offsets under the LTD policy wording.

The policy requires you to apply for any other income benefits for which you could be eligible, including Social Security benefits. We need a copy of your "Receipt of Claim Form" issued by the Social Security Administration given to you at the time of application. In addition, a copy of the Primary and/or Dependent Social Security Award(s) and Denial Notice must be sent to us as soon as it is received.

Anthem is required by law to report to the IRS the amount of disability benefits which we pay you. These benefits are classified as "sick pay" benefits by the IRS. You will receive a W-2 form from your employer or Anthem showing the total amount of benefits you received during the preceding calendar Generally, the portion of your benefits subject to federal income tax, social security tax, and Medicare tax is the percentage of premium paid by your employer. However, if you paid your premium with pre-tax dollars, the IRS still considers premiums to be employer paid and benefits are taxable. Our records indicate that your employer contributed 100% of your LTD premium. Thus, 100% of your LTD disability benefits are taxable.

Please consult your Certificate of Insurance or Summary Plan Document for a complete description of your rights under the terms of the group policy.

If you have any questions regarding your LTD claim, please call Anthem at the number listed above, extension 4504. We will be happy to assist you.

Sincerely.

Eulene Burnside **Eulene Burnside** Disability Case Manager, II

CC: Michelle Nguyen

Nuro Inc.



Re: {EXTERNAL} Anthem LT Disability, Brown & Brown SSDI Issue, Michael Darden Claim, response thanks

1 message

Darden, Michael < mad 2255@tc.columbia.edu >

To: Rushing, Stefanie < Stefanie. Rushing@anthem.com>

Cc: Burnside, Eulene <eulene.burnside@anthem.com>

Wed, Jan 26, 2022 at 10:56 PM

Ms. Rushing:

Appreciate very much receiving your swift, kind and helpful response below concerning this matter. Understood.

Again many thanks and be well,

Michael

917-868-8780

On Tue, Jan 25, 2022, 12:00 PM Rushing, Stefanie Stefanie.Rushing@anthem.con> wrote:

Mr. Darden

I am unfamiliar with Allsup, so I cannot speak to that. I do apologize for the experience with Brown and Brown and I have forwarded your feedback to them.

In the event you are awarded SSDI, the SSA will assign a portion of your retroactive benefits to whoever acted as your representative and they generally pay them directly. We will then reduce any overpayment amount due to back to Anthem by the amount assigned by the SSA so that the net effect to you is zero.

Please let me know if you have any further questions. I would recommend telling Brown and Brown, should they reach out again, that it appears you have counsel elsewhere, ifn understanding that is what role Allsup serves.

Thank you for reaching out and providing this feedback so that I can relay it to our vendor.

Sincerely,

Stefanie

Stefanie E. Rushing, ARM, FLMI, DIA

Manager, Clinical Risk

740 W Peachtree Street NW, 10th Floor

Atlanta, GA 30308

0: (470) 284-4493

C: (404) 615-7704

Stefanie.Rushing@anthem.com

From: Darden, Michael mad2255@tc.columbia.edu

Sent: Tuesday, January 25, 2022 1:16 PM

To: Rushing, Stefanie <Stefanie.Rushing@anthem.cor>
Co: Burnside, Eulene «ulene.burnside@anthem.cor>

Subject: {EXTERNAL} Anthem LT Disability, Brown & Brown SSDI Issue, Michael Darden Claim

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Dear Ms. Rushing (on behalf of Nanette Johnson):

Wanted to alert you about an issue concerning Brown & Brown Absence Services and my Anthem Long-Term Disability Claim. After I was out on Disability in 2021, I called Brown & Brown 3 times. The first time I called, a Brown & Brown representative seemed surprised that I was calling about beginning my SSDI application then. I called 2 more times and left voicemail messages but never heard back from company representatives. I felt that I was losi time to apply and put SSDI in place. So eventually I felt forced to sign up with Allsup. On 5/19/21, I started my SSDI application and on 6/9/21 filed it with Allsup's assistance. Now that my Anthem LTD is in place, over 8 months after initially contacted them, and 7 months after I filed my SSDI application, Brown & Brown has recently contacted me several times. Nevertheless, if I receive SSDI, I understand that Anthem will have to either pay Allsup's fees or accep reduced offset amount on my SSDI back payment.

Would you please respond to me concerning this issue?

Thank you and take care,

Michael

Michael Darden

917-868-8780

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Darden, Michael <mad2255@tc.columbia.edu>

Re: {EXTERNAL} Fwd: LT00403220/Michael Darden, Long-Term Disability, Anthem Review Request, reply

Darden, Michael <mad2255@tc.columbia.edu> To: "Verrill, Deb" < Deb. Verrill@anthem.com> Cc: LDClaimsTeam < LDClaimsTeam@anthem.com> Thu, Oct 27, 2022 at 10:35 PM

You're welcome. Working on returning your Physician's Certification form soon.

Again, thanks very much and be well,

Michael Michael Darden 917-868-8780

On Wed, Oct 26, 2022, 10:49 AM Verrill, Deb < Deb. Verrill@anthem.com> wrote:

Hi there- yes, your benefits will continue and the new due date for information is 11/25/22.

Thank you,

Deb Verrill

A picture containing text, sign Description automatically generated

Deb Verrill, Disability Case Manager

Life & Disability Claims Operations

PO Box 105426

Atlanta, GA 30348

OFFICE: 470-784-1964|FAX: 800-850-0017

EMAIL: Deb.Verrill@anthem.com

From: Darden, Michael <mad2255@tc.columbia.edu>

Sent: Wednesday, October 26, 2022 11:56 AM To: Verrill, Deb <Deb.Verrill@anthem.com>

Subject: Re: {EXTERNAL} Fwd: LT00403220/Michael Darden, Long-Term Disability, Anthem Review Request 3

Hi:

You're welcome. Appreciate receiving your response below. To confirm:

Will my Long-Term Disability Payments continue without interruption while I complete these forms, or have them completed, signed and returned to you as soon as I possibly can, please?...

On Wed, Oct 26, 2022, 5:12 AM Verrill, Deb < Deb. Verrill@anthem.com> wrote:

Hi there.

Thank you,



A picture containing text, sign Description automatically generated

Deb Verrill, Disability Case Manager

Life & Disability Claims Operations

PO Box 105426

Atlanta, GA 30348

OFFICE: 470-784-1964|FAX: 800-850-0017

EMAIL: Deb.Verrill@anthem.com

From: Darden, Michael <mad2255@tc.columbia.edu>

Sent: Tuesday, October 25, 2022 4:51 PM To: Verrill, Deb <Deb.Verrill@anthem.com>

Cc: LDClaimsTeam <LDClaimsTeam@anthem.com>

Subject: {EXTERNAL} Fwd: LT00403220/Michael Darden, Long-Term Disability, Anthem Review Request 2

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Hi, Deb Verrill and Team:

222

Case 4:25-cv-00911-DMR Document 1 Filed 01/28/25 Page 223 of 500

12/13/24, 11:39 AM Tc.columbia.edu I. Re: {EXTERNAL} Fwd: LT00403220/Michael Darder .g-Term Disability, Anthem Review Request, reply

As I mentioned per my voicemail yesterday, this is the first time that I have received the attached documents. will attempt to complete them or have them completed, signed and returned to you as soon as I possibly can:

Satisfactory, please?

Thank you and take care,

Michael

Michael Darden

917-868-8780

----- Forwarded message -----

From: Verrill, Deb < Deb. Verrill@anthem.com>

Date: Tue, Oct 25, 2022, 10:31 AM Subject: LT00403220/Michael Darden

To: mad2255@tc.columbia.edu <mad2255@tc.columbia.edu>

Cc: LDClaimsTeam <LDClaimsTeam@anthem.com>

Hello,

Here is a copy of the letter sent to you on 9/8/22 and the forms that need to be completed. Please be sure this are returned within 30 days from the date of this letter.

Thank you,

Deb Verrill

Deb Verrill, Disability Case Manager

Life & Disability Claims Operations

PO Box 105426

Atlanta, GA 30348

OFFICE: 470-784-1964|FAX: 800-850-0017

EMAIL: Deb.Verrill@anthem.com

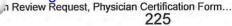
12/13/24, 11:39 AM Tc.columbia.edu l Re: {EXTERNAL} Fwd: LT00403220/Michael Darder g-Term Disability, Anthem Review Request, reply

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Darden, Michael <mad2255@tc.columbia.edu>

LT00403220/Michael Darden, Long-Term Disability, Anthem Review Request, Physician Certification Form, completed, signed

Darden, Michael <mad2255@tc.columbia.edu>
To: "Verrill, Deb" <Deb.Verrill@anthem.com>
Co: LDClaimsTeam <LDClaimsTeam@anthem.com>

Fri, Nov 11, 2022 at 7:56 PM

Attached, please find the referenced completed, signed Form:

Satisfactory?

And per your recent voicemail, to confirm:

Is July 31, 2023, the final date on which my psychological LTD will be active, please?

If yes, then by what date must I provide you any further copies of my Medical Records, and what Medical Records must I provide you?

Thank you, take care and Good Weekend,

Michael Michael Darden 917-868-8780

On Fri, Oct 28, 2022, 1:35 AM Darden, Michael <mad2255@tc.columbia.edu> wrote: You're welcome. Working on returning your Physician's Certification form soon.

Again, thanks very much and be well,

Michael Michael Darden 917-868-8780

On Wed, Oct 26, 2022, 10:49 AM Verrill, Deb < Deb. Verrill@anthem.com> wrote:

Hi there- yes, your benefits will continue and the new due date for information is 11/25/22.

Thank you,



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Case 4:25-cv-00911-DMR Document 1 Filed 01/28/25 Page 226 of 500

n Review Request, Physician Certification Form... 12/13/24, 11:55 AM Tc.columbia.edu N ____T00403220/Michael Darden, Long-Term Disability, A 226

Deb Verrill, Disability Case Manager

Life & Disability Claims Operations

PO Box 105426

Atlanta, GA 30348

OFFICE: 470-784-1964|FAX: 800-850-0017

EMAIL: Deb.Verrill@anthem.com

From: Darden, Michael <mad2255@tc.columbia.edu> Sent: Wednesday, October 26, 2022 11:56 AM To: Verrill, Deb <Deb.Verrill@anthem.com>

Subject: Re: {EXTERNAL} Fwd: LT00403220/Michael Darden, Long-Term Disability, Anthem Review Request 3

Hi:

You're welcome. Appreciate receiving your response below. To confirm:

Will my Long-Term Disability Payments continue without interruption while I complete these forms, or have them completed, signed and returned to you as soon as I possibly can, please?...

On Wed, Oct 26, 2022, 5:12 AM Verrill, Deb < Deb. Verrill@anthem.com> wrote:

Hi there.

Thank you,



A picture containing text, sign Description automatically generated

Deb Verrill, Disability Case Manager

Life & Disability Claims Operations

PO Box 105426

Atlanta, GA 30348

OFFICE: 470-784-1964|FAX: 800-850-0017

12/13/24, 11:55 AM Tc.columbia.edu M. _T00403220/Michael Darden, Long-Term Disability, A n Review Request, Physician Certification Form...

EMAIL: Deb.Verrill@anthem.com

From: Darden, Michael <mad2255@tc.columbia.edu>

Sent: Tuesday, October 25, 2022 4:51 PM To: Verrill, Deb Deb.Verrill@anthem.com

Cc: LDClaimsTeam < LDClaimsTeam@anthem.com>

Subject: {EXTERNAL} Fwd: LT00403220/Michael Darden, Long-Term Disability, Anthem Review Request 2

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Hi, Deb Verrill and Team:

As I mentioned per my voicemail yesterday, this is the first time that I have received the attached documents. I will attempt to complete them or have them completed, signed and returned to you as soon as I possibly can:

Satisfactory, please?

Thank you and take care,

Michael

Michael Darden

917-868-8780

----- Forwarded message -----

From: Verrill, Deb < Deb. Verrill@anthem.com>

Date: Tue, Oct 25, 2022, 10:31 AM Subject: LT00403220/Michael Darden

To: mad2255@tc.columbia.edu <mad2255@tc.columbia.edu>

Cc: LDClaimsTeam <LDClaimsTeam@anthem.com>

Hello,

Here is a copy of the letter sent to you on 9/8/22 and the forms that need to be completed. Please be sure this are returned within 30 days from the date of this letter.

Thank you,



Deb Verrill, Disability Case Manager

Life & Disability Claims Operations

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EMAIL: Deb.Verrill@anthem.com

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Anthem Blue Cross Long-Term Disability, LTD extension, Physician Certification Form, completed, signed.pdf 2487K

228

September 8, 2022

MICHAEL A DARDEN 1801 SHORELINE DRIVE APT 307 ALAMEDA, CA 94501

16-LT00403220



Anthem Blue Cross Life and Health Disability Service Center

PO Box 105426 Atlanta, GA 30348-5426 Tel: 800-813-5682 Fax: 800-850-0017

September 8, 2022

MICHAEL A DARDEN 1801 SHORELINE DRIVE APT 307 ALAMEDA, CA 94501

RE: Claim Number: LT00403220 Reference Number: 443185

NURO INC

DEAR MICHAEL A DARDEN.

We are reviewing your claim and find that we are in need of updated information to complete our ongoing review of your claim. Please forward the enclosed information within 30 days from the date of this letter.

- * Attending Physician Statement
- * Medical records for past 6 months.
- * Release of Information form
- * Status of Social Security Disability application

Again, please be sure this information is received within 30 days from the date of this letter so that we may complete our review your ongoing benefits.

SINCERELY,

D VERRILL for J HOCHGESANG DISABILITY CASE MANAGER

You have the right to get this information and help in your language for free. Please call Customer Service at 800-232-0113 for assistance. (TTY/TDD: 711)

Tiene derecho a recibir esta información y ayuda en su idioma de manera gratuita. Llame al Servicio de Atención al Cliente al 1-800-232-0113 para solicitar ayuda. (TTY/TDD: 711).

您可免費享有本資訊的語言幫助服務。請致電客戶服務部獲取幫助:1-800-232-0113(TTY/TDD: 711)。

PO Box 105426

Atlanta, GA 30348-5426 Tel: 800-813-5682 Fax: 800-850-0017





Anthem Blue Cross Life and Health Disability Service Center



Darden, Michael <mad2255@tc.columbia.edu>

LT00403220/Michael Darden

Verrill, Deb <Deb.Verrill@anthem.com>
To: "mad2255@tc.columbia.edu" <mad2255@tc.columbia.edu>
Cc: LDClaimsTeam <LDClaimsTeam@anthem.com>

Tue, Oct 25, 2022 at 10:31 AM

Hello,

Here is a copy of the letter sent to you on 9/8/22 and the forms that need to be completed. Please be sure this are returned within 30 days from the date of this letter.

Thank you,





Deb Verrill, Disability Case Manager

Life & Disability Claims Operations

PO Box 105426

Atlanta, GA 30348

OFFICE: 470-784-1964|FAX: 800-850-0017

EMAIL: Deb.Verrill@anthem.com

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3 attachments

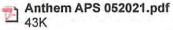


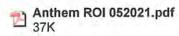
GA - Generic Letter_LT00403220_09082022.pdf

Document 1 Filed 01/28/25 Page 233 of 500 Tc.columbia.edu Mail - LT00403220. ael Darden

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Document 1

Filed 01/28/25

Page 234 of 500

Long Term Disability Claim Form Attending Physician's Statement



Section 1: History Patient last name Darden M.I. Birthdate (MM/DD/YYYY) First name Michael A 1966 Date patient ceased work because of disability 04 15 2021 (MM/ND/YYYY Date symptoms first appeared or accident happened (MM/DD/YYYY) (MM/DD/YYYY) Has patient ever had same or similar condition? ☐ Yes ☑ No If yes, state when and describe: Is condition due to injury or sickness arising out of patient's employment? 🗌 Yes 🗹 No 🔲 Unknown Emanuel Vergis, MD (primary care physician), 595 Castro St, San Francisco, CA 94114; Patricia Maska, MD, (neurologist), 985 Atlantic Ave #300, Alameda, CA 94501 Names and addresses of other treating physicians Section 2: Diagnosis — If disabling condition is due to a mental or nervous disorder, the attached Functional Capabilities Evaluation and Mental Status Questionnaire sections must also be completed. Diagnosis (including complications)
Major Depression; Generalized Anxiety Disorder If pregnancy, estimated date of delivery Subjective symptoms Reports Panic Attacks, Anxiety Attacks and that he feels very Depressed; remains on medication mana Objective findings (including current X-rays, EKGs, laboratory data and any clinical findings) Psychological tests and evaluations continue to show patient has the severe symptoms listed above Section 3: Treatment Date of first visit (MM/DD/YYYY) Date of last visit (MM/DD/YYYY) Frequency 05 11 2021 Weekly Monthly Other: Every 3-6 months, MD appointments 07 02 2022 Nature of treatment (Including surgery and medications prescribed, if any)

Daily medication management (see CVS prescriptions list (attached), weekly talk therapy and approximately quarterly psychiatry appointments Section 4: Progress Patient's present condition Is patient? ☐ Recovered ☐ Improved ☑ Unchanged ☐ Regressed ✓ Ambulatory ☐ House confined ☐ Bed confined ☐ Hospital confined Is patient mentally competent to endorse checks and direct proceeds thereof? \(\sqrt{Y}\) Yes \(\sqrt{N}\) No Has patient been hospital confined? ☐ Yes ☑ No If yes, complete the following. Hospital name Confined from (MM/DD/YYYY) Through (MM/DD/YYYY) Hospital street address City State ZIP code Section 5: Cardiac Not applicable. Functional capacity (American Heart Association) Blood pressure last visit: Class 1 (no limitations) Class 2 (slight limitations) Class 3 (marked limitations) Class 4 (complete limitations) (systolic/diastolic Section 6: Impairments Physical impairments ☐ Class 1 - No limitations of functional capacity; capable of heavy work* no restrictions (0-10%) Class 2 - Medium manual activity* (15-30%) ☐ Class 3 - Slight limitation of functional capacity; capable of light work* (35-55%) Class 4 - Moderate limitation of functional capacity; capable of clerical/administrative (sedentary*) activity (60-70%) ☑ Class 5 - Severe limitation of functional capacity; incapable of minimum (sedentary*) activity (75-100%) Remarks: In addition to depression and anxiety, Mr. Darden suffers from intractable, chronic migraines with vertigo and tinnitus. *As defined in Federal Dictionary of Occupational Titles.

Long Term Disability Claim Form Attending Physician's Statement (continued)

2	2	-
4	J	J

Section 6: Impairments (continued)			
Mental impairments (if any): a. Please define "stress" as it applies to this claimant and in light of his/he b. What stress and problems in interpersonal relations has claimant had on Class 1 – Patient is able to function under stress and engage in interp Class 2 – Patient is able to function in most stress situations and eng Class 3 – Patient is able to engage in only limited stress situations an Class 4 – Patient is unable to engage in stress situations or engage in Class 5 – Patient has significant loss of psychological, physiological p	i job? personal relations (no limitations) age in most interpersonal relations (slight limitations) d engage in only limited interpersonal relations (mode i interpersonal relations (marked limitations)		
Section 7: Rehab			
Is patient a suitable candidate for occupational rehabilitation? $\Box 1$ montl	n □ 1-3 months □ 3-6 months ☑ Never		
	Full-time □ Part-time Full-time □ Part-time		
Section 8: Any additional remarks			
Due to psychiatric symptoms, Michael Darden has a clas of Education correspondence). In addition, several doctocause severe, constant vertigo and tinnitus, both of which therapies.	ors and providers see Mr. Darden for seve	re, persistent m	igraines that
Section 9: Physician information			
Printed attending physician name John Gillean	Degree MD	Phone no. (510)	541-2323
Street address 55 Santa Clara Ave Ste 171	^{City} Oakland	State CA	ZIP code 94610-1333
Signature of attending physician	,	A CAS BOX	/DD/YYYY) /2022

Long Term Disability Claim Form Mental Status Questionnaire



Needs to be completed only if condition is due to mental or nervous disorder.

Section 1: Patient information

Patient last name Darden	First name N	Michael	M.I. Birthdate (MM/DD/YYYY) A. 1966
Date treatment began (MM/DD/YYYY) 05 11 2021	Frequency Weekly talk therapy, quarterly psychiatry	Nature of treatment Talk there	apy and medication management
Major depressive disorder, single epis symptoms, precipitated by several ex	ADJ sode, severe without psychotic features. Mic	chael presented for psychiatric evaluations for mood disorder. His symp	F32.2) ED ANXIETY AND DEPRESSED MOOD 309.28 (F43.2) ation after the emergence of significant depressivations are severe and debilitating at this time up patient will require consistent follow-up for

State patient's initial reason for seeking treatment.	0	Colors Burgara America and America America
itate padent s initial reason for seeking treatment.	Severe Depression and Generalized A	Anxiety, Panic Attacks and Anxiety Attacks
lescribe patient's current condition and mental stat	Continues to exhibit signs and syl	mptoms of Major Depression and Generalized work under any conditions or circumstances.
Medications: Please list current medications, dosage nirtazapine (REMERON) 15 mg ablet inirtazapine 15 mg tablet IAKE 1 TABLET(S) BY ORAL ROUTE AT BEDTIME IIMES PER DAY, FOR 30 DAYS Emgality Pen, 120 mg/ml. subcutaneous pen injector TAKE 1 ML EVERY MONTH SUBCUTANEOUSLY FOR 30 DAYS, as of 103/12/022	and dates begun. buPROPion (WELLBUTRIN XL) 300 mg 24 hr tablet Take 300 mg by mouth daily traZODone (DESYREL) 50 mg tablet trazodone 50 mg tablet TAKE 1-2 TABLET(S) BY ORAL ROUTE, AT BEDTIME AS NEEDED INSOMNIA, FOR 30 DAYS	clonazePAM (KLONOPIN) 0.5 mg tablet clonazepam 0.5 mg tablet TAKE 1 TABLET(S) BY ORAL ROUTE , DAILY AS NEEDED ANXIETY , FOR 30 DAYS And SEE CVS Pharmacy list (attached) for date
lease summarize current treatment goals.		kly talk therapy and medication management.
Comments Patient remains u	nable to work in any capacity.	

Anthem Life

Disability Claim Service Center P.O. Box 105426 Atlanta, GA 30348-5426

Phone: 1-800-232-0113 Fax: 1-800-850-0017

Email: lifeanddisabilityclaims@anthem.com

Title Date Total Rx Sp Your total savings Financial St Oct. 25, 2019 - Oc \$538.45 \$0.00

Member N Drug Name	RX#	Last Filled	Pharmacy I'	You Paid	Your Plan(s	Primary PlaS	Secondary	Manufactu Ot	her Adju Amount Ar
Michael Da MIRTAZAPINE 15	507539	10/13/2022	CVS/pharm	\$10.16	\$0.00	\$0.00	\$0.00		\$0.00
Michael Da BUPROPION HCL	499062	10/12/2022	CVS/pharm	\$15.00	\$0.00	\$0.00	\$0.00		\$0.00
Michael Da BUPROPION HCL	499062	9/15/2022	CVS/pharm	\$15.00	\$0.00	\$0.00	\$0.00		\$0.00
Michael DaTRAZODONE 50 N	499072	10/12/2022	CVS/pharm	\$5.00	\$0.00	\$0.00	\$0.00	-	\$0.00
Michael DaTRAZODONE 50 N	499072	9/13/2022	CVS/pharm	\$5.00	\$0.00	\$0.00	\$0.00		\$0.00
Michael Da BUPROPION HCL	488953	8/16/2022	CVS/pharm	\$15.00	\$0.00	\$0.00	\$0.00		\$0.00
Michael DaBUPROPION HCL	488953	7/12/2022	CVS/pharm	\$15.00	\$0.00	\$0.00	\$0.00	-	\$0.00
Michael Da BUPROPION HCL	488953	6/13/2022	CVS/pharm	\$15.00	\$0.00	\$0.00	\$0.00		\$0.00
Michael DaTRAZODONE 50 N	495254	8/15/2022	CVS/pharm	\$5.00	\$0.00	\$0.00	\$0.00	-	\$0.00
Michael DaTRAZODONE 50 N	495254	7/13/2022	CVS/pharm	\$5.00	\$0.00	\$0.00	\$0.00		\$0.00
Michael DaTRAZODONE 50 N	495254	6/15/2022	CVS/pharm	\$5.00	\$0.00	\$0.00	\$0.00	-	\$0.00
Michael DaCLONAZEPAM 0.5	483626	7/19/2022	CVS/pharm	\$3.90	\$0.00	\$0.00	\$0.00	-	\$0.00
Michael DaMIRTAZAPINE 15	492214	7/13/2022	CVS/pharm	\$10.16	\$0.00	\$0.00	\$0.00	-	\$0.00
Michael DaMIRTAZAPINE 15	492214	6/14/2022	CVS/pharm	\$10.16	\$0.00	\$0.00	\$0.00	-	\$0.00
Michael DaMIRTAZAPINE 15	492214	5/17/2022	CVS/pharm	\$10.16	\$0.00	\$0.00	\$0.00		\$0.00
Michael Da CLONAZEPAM 0.5	488955	6/16/2022	CVS/pharm	\$3.90	\$0.00	\$0.00	\$0.00		\$0.00
Michael Da CLONAZEPAM 0.5	488955	4/12/2022	CVS/pharm	\$3.90	\$0.00	\$0.00	\$0.00		\$0.00
Michael Da BUPROPION HCL	483624	5/16/2022	CVS/pharm	\$15.00	\$0.00	\$0.00	\$0.00		\$0.00
Michael Da BUPROPION HCL	483624	3/30/2022	CVS/pharm	\$15.00	\$0.00	\$0.00	\$0.00		\$0.00
Michael DaBUPROPION HCL	483624	3/2/2022	CVS/pharm	\$15.00	\$0.00	\$0.00	\$0.00		\$0.00
Michael DaTRAZODONE 50 N	486135	5/16/2022	CVS/pharm	\$5.00	\$0.00	\$0.00	\$0.00	-	\$0.00
Michael DaTRAZODONE 50 N		• •	CVS/pharm	\$5.00	\$0.00	\$0.00	\$0.00		\$0.00
Michael DaTRAZODONE 50 N	486135		CVS/pharm	\$5.00	\$0.00	\$0.00	\$0.00		\$0.00
Michael Da MIRTAZAPINE 15	483625	4/13/2022	CVS/pharm	\$10.16	\$0.00	\$0.00	\$0.00	-	\$0.00
Michael Da MIRTAZAPINE 15	483625	3/16/2022	CVS/pharm	\$10.16	\$0.00	\$0.00	\$0.00		\$0.00
Michael Da MIRTAZAPINE 15	483625	2/15/2022	CVS/pharm	\$9.92	\$0.00	\$0.00	\$0.00		\$0.00
Michael Da QULIPTA 30 MG T			CVS/pharm	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
Michael Da CLONAZEPAM 0.5	476242	3/7/2022	CVS/pharm	\$3.90	\$0.00	\$0.00	\$0.00	-	\$0.00
Michael Da CLONAZEPAM 0.5	476242	2/6/2022	CVS/pharm	\$3.83	\$0.00	\$0.00	\$0.00		\$0.00
Michael Da QULIPTA 10 MG T	482521	3/3/2022	CVS/pharm	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00

Michael Da BUPROPION HCL >	476243	2/3/2022 CVS/pharm	\$15.00	\$0.00	\$0.00	\$0.00 -	-	\$0.00
Michael Da BUPROPION HCL >	476243	1/4/2022 CVS/pharm	\$15.00	\$0.00	\$0.00	\$0.00 -	-	\$0.00
Michael Da BUPROPION HCL >	476243	12/8/2021 CVS/pharm	\$15.00	\$0.00	\$0.00	\$0.00 -	-	\$0.00
Michael Da NURTEC ODT 75 N	471871	12/16/2021 CVS/pharm	\$0.00	\$0.00	\$0.00	\$0.00 -	-	\$0.00
Michael Da CLONAZEPAM 0.5	468314	11/27/2021 CVS/pharm	\$3.86	\$0.00	\$0.00	\$0.00 -	-	\$0.00
Michael Da CLONAZEPAM 0.5	468314	10/5/2021 CVS/pharm	\$3.88	\$0.00	\$0.00	\$0.00 -	-	\$0.00
Michael Da BUPROPION HCL >	467262	11/2/2021 CVS/pharm	\$15.00	\$0.00	\$0.00	\$0.00 -	-	\$0.00
Michael Da BUPROPION HCL >	467262	9/27/2021 CVS/pharm	\$15.00	\$0.00	\$0.00	\$0.00 -	-	\$0.00
Michael Da FLUZONE QUAD 2	468292	10/5/2021 CVS/pharm	\$0.00	\$0.00	\$0.00	\$0.00 -	-	\$0.00
Michael Da ESCITALOPRAM 5	453785	9/28/2021 CVS/pharm	\$26.22	\$0.00	\$0.00	\$0.00 -	-	\$0.00
Michael Da ESCITALOPRAM 5	453785	7/13/2021 CVS/pharm	\$25.97	\$0.00	\$0.00	\$0.00 -	-	\$0.00
Michael Da ESCITALOPRAM 5	453785	4/30/2021 CVS/pharm	\$23.83	\$0.00	\$0.00	\$0.00 -	-	\$0.00
Michael Da ESCITALOPRAM 1	466940	9/24/2021 CVS/pharm	\$29.89	\$0.00	\$0.00	\$0.00 -	-	\$0.00
Michael DaTRAZODONE 50 N	466939	9/24/2021 CVS/pharm	\$15.00	\$0.00	\$0.00	\$0.00 -	-	\$0.00
Michael Da CLONAZEPAM 0.5	460434	8/31/2021 CVS/pharm	\$3.83	\$0.00	\$0.00	\$0.00 -	-	\$0.00
Michael Da CLONAZEPAM 0.5	460434	7/13/2021 CVS/pharm	\$3.86	\$0.00	\$0.00	\$0.00 -	-	\$0.00
Michael Da PFIZER COVID-19	459065	7/17/2021 CVS/pharm	\$0.00	\$0.00	\$0.00	\$0.00 -	-	\$0.00
Michael Da PFIZER COVID-19	459058	6/26/2021 CVS/pharm	\$0.00	\$0.00	\$0.00	\$0.00 -	-	\$0.00
Michael Da ESCITALOPRAM 5	458055	6/17/2021 CVS/pharm	\$9.60	\$0.00	\$0.00	\$0.00 -	-	\$0.00
Michael Da CLONAZEPAM 0.5	458059	6/15/2021 CVS/pharm	\$3.70	\$0.00	\$0.00	\$0.00 -	-	\$0.00
Michael Da TRAZODONE 50 N	457109	6/6/2021 CVS/pharm	\$15.00	\$0.00	\$0.00	\$0.00 -	-	\$0.00
Michael Da ESCITALOPRAM 10	457110	6/6/2021 CVS/pharm	\$27.71	\$0.00	\$0.00	\$0.00 -	-	\$0.00
Michael Da ESCITALOPRAM 10	454694	5/11/2021 CVS/pharm	\$10.74	\$0.00	\$0.00	\$0.00 -	-	\$0.00
Michael DaTRAZODONE 50 N	454695	5/11/2021 CVS/pharm	\$5.00	\$0.00	\$0.00	\$0.00 -	-	\$0.00
Michael Da GABAPENTIN 300	453784	4/30/2021 CVS/pharm	\$5.05	\$0.00	\$0.00	\$0.00 -	-	\$0.00

This report may not reflect all medicines dispensed during the specified period.

Costs displayed may not reflect coverage from any supplemental insurance plans.

Other Adjustments may include supplemental insurance coverage, manufacturer coupons or other discounts.



MICHAEL DARDEN 1801 SHORELINE DRIVE APARTMENT 307 ALAMEDA CA 94501-8084

May 24, 2022

Account Number: 3104050

Dear MICHAEL DARDEN.

The U.S. Department of Education (the Department) has completed its review of your Total and Permanent Disability (TPD) discharge application requesting discharge of your William D. Ford Federal Direct Loan (Direct Loan) Program loan, Federal Family Education Loan (FFEL) Program loan, Federal Perkins Loan (Perkins Loan) Program loan, and/or your Teacher Education Assistance for College and Higher Education (TEACH) Grant Program service obligation. Throughout this letter, we use the term "loan" to refer to one or more loans. In addition, we use the terms "you" and "your" to refer to the disabled individual who applied for discharge, MICHAEL DARDEN.

Nelnet assists the U.S. Department of Education (the Department) in administering the TPD discharge process, and we will communicate with you on behalf of the Department concerning your discharge request.

Effective 05/23/2022, the Department has approved your application for discharge of the federal student loan or TEACH Grant service obligation identified below on the basis of your total and permanent disability. This letter contains important information regarding the TPD discharge.

Your holder(s) will now transfer your loan and/or your TEACH Grant service obligation to us for discharge and a three-year post-discharge monitoring period, as described below. We will notify you again when we have discharged your loan and/or TEACH Grant service obligation.

We have instructed your loan holder(s) to return any loan payments that were received after your disability date to the person who made the payments. For this purpose, your "disability date" is the date we received the documentation of your Social Security Administration (SSA) notice of award for Social Security Bability Insurance (SSDI) or Supplemental Security Income (SSI) benefits, or the date the physician certified your discharge application, depending on the type of documentation you provided to shout that you are death, and someonable discharge application, depending on the type of documentation you provided to show that you are totally and permanently dis

- 1	Halden News	Phone		Donnardia G	Sabieu.	
Ļ	Holder Name	Number	Туре	Date	Amount	School ID
1	DEPT OF	200 700 230				00001 15
-	ED/HESC-EDFINANCIAL	855.337.6884	Direct Stafford Unsubsidized	02/16/2017	\$20,960.00	00397900
1	DEPT OF	BEE 227 0004				
\vdash	ED/HESC-EDFINANCIAL	855.337.6884	Direct Stafford Unsubsidized	09/27/2017	\$10,252.00	00397900
1	DEPT OF	855.337.6884	Direct PLUS for Graduate or			
L.	ED/HESC-EDFINANCIAL	000.007.0004	Professional Students	03/07/2017	\$25,646.00	00397900

WHAT YOU NEED TO KNOW

Three-Year Post-Discharge Monitoring Period:

As stated above, the Department has approved your application for discharge on the basis of your total and permanent



disability and your loan and/or TEACH Grant service obligation will be transferred to us to be discharged. You will be subject to a monitoring period that will end three years from 05/22/2022 Mark III. subject to a monitoring period that will end three years from 05/23/2022. We will reinstate your obligation to repay your discharged loan or complete discharged TEACH Grant service obligation if at any time during this monitoring period:

Document 1

- You have annual employment earnings that exceed the Poverty Guideline amount for a family of two in your state, regardless of your actual family size (visit DisabilityDischarge.com for additional information);
- You receive a new Direct Loan, Perkins Loan, or TEACH Grant;
- You received a disbursement of a Direct Loan, Perkins Loan, or TEACH Grant that was made before the discharge date, and the full amount of the disbursement is not returned within 120 days of the disbursement
- You receive a notice from the Social Security Administration (SSA) stating that you are no longer totally and permanently disabled, or that your disability review will no longer be the 5-year or 7-year review period indicated in your SSA notice of award for SSDI or SSI benefits.

In addition, during the three-year post-discharge monitoring period, you must promptly notify or respond to the Department if:

- There is a change in your address or telephone number; or
- You receive a request to provide the Department with documentation of your annual earnings from employment.

If your obligation to repay your loan or complete your TEACH Grant service obligation is reinstated under the conditions described above, you will be responsible for repaying your loans or completing your TEACH Grant service obligation. However, you will not be required to pay any interest that would have accrued on the loan from the date of discharge until the date of reinstatement.

If your obligation to repay your loans or complete your TEACH Grant service obligation is reinstated, we will notify you via mailed letter and return your loan to the status that it was in at the time you applied for TPD discharge. The notice of reinstatement will include:

- The reason(s) for reinstatement;
- An explanation that the first payment due date on the reinstated loans will be no earlier than 60 days after the date of the notification of reinstatement; and
- Information on how you may contact the Department if you have questions about the reinstatement or believe that the Department's determination was based on incorrect information.

Eligibility for New Loans or TEACH Grants:

After you receive a TPD discharge, you are not eligible to receive a new Direct Loan, Perkins Loan, or TEACH Grant in the future unless:

- You obtain a certification from a physician that you are able to engage in substantial gainful activity; and
- You sign a statement acknowledging that the new loan or TEACH Grant service obligation cannot be discharged in the future on the basis of any injury or illness present at the time the new loan or TEACH Grant is made, unless your condition substantially deteriorates so that you are again totally and permanently disabled

In addition, if you request a new Direct Loan, Perkins Loan, or TEACH Grant at any time during the three-year post-discharge monitoring period described above, you must resume payment on the previously discharged loan or acknowledge that you are once again subject to the terms of your TEACH Grant service obligation before you can receive the new loan or TEACH Grant.

Tax Implications if Your Loans Are Discharged:

241

As a result of a change in tax law, loan balances that are discharged due to TPD are not considered income for federal tax purposes if you receive the discharge during the period from January 1, 2018 through December 31, 2025. If you qualify for a TPD discharge based on documentation from the VA, the date you are considered to have received the discharge for tax purposes is the date that we approve the discharge.

If you qualify for a TPD discharge based on documentation from the Social Security Administration or a physician's certification, the date you are considered to have received the discharge for tax purposes is the completion date of your three-year post-discharge monitoring period.

If you receive a Form 1099-C, you should keep the form for your records, but you do not need to include it when filling your federal tax return. For additional information, visit irs.gov.

The discharged loan amount may be considered income for state tax purposes. You may want to consult with your state tax office or a tax professional before you file your state tax return.

HOW TO CONTACT US:

Written correspondence can be sent to:

U.S. Department of Education P.O. Box 87130 Lincoln, NE 68501-7130

In addition, you can visit DisabilityDischarge.com to check the status of your discharge application, upload any supporting documentation that we may request from you, and/or update your personal information.

If you have questions, please visit our website DisabilityDischarge.com or email us at DisabilityInformation@neInet.net. You may also contact us at 888.303.7818 Monday through Friday from 8 a.m. to 8 p.m. (Eastern).

Sincerely,

007421 2/2

Nelnet Total and Permanent Disability Servicer



Case 4:25-cv-00911-D RP22/04 612n	28t317:26 Filed 2 01 /2 8/25 Page 242 of 500
Applicant Name Michael Darden	Applicant SSN 3104050
SECTION 4: PHYSICIAN'S CERTIFICATION	
Print legibly and initial any changes. Return the form to the applicant or representative. Applicant Identification 1. Provide the below information regarding the individual for whom you are completing this Section: Name Michael Darden	6. Describe the severity of the applicant's impairment, including, if applicable, the phase of the impairment: Patient exhibits severe depressive and anxiety symptoms that have only partially responded to available treatments. Limitations
Date of Birth /1966	Explain how the condition prevents the applicant from
Medically Determinable Physical or Mental Impairment 2. Does the applicant have a medically determinable physical or mental impairment that prevents the applicant from engaging in any substantial gainful activity? Substantial gainful activity means a level of work performed for pay or profit that involves doing significant physical or mental activities or a combination of both. If the applicant is able to engage in any substantial gainful activity in any field of work any much anguse "No"	engaging in <u>any</u> substantial gainful activity in <u>any</u> field of work.
in <u>any</u> field of work, you must answer "No". XYes - Continue to Item 3.	
No - Do not complete this application.	Limitations on activities of daily living: Applicant's symptoms affect his ability to focus,
Severity/Duration of Physical or Mental Impairment	sustain his energy level, manage complex tasks,
3. Is the applicant's impairment expected to result in death? Yes - Skip to Item 5.	communicate effectively with others
X No - Continue to Item 4.	9. Residual functionality: Applicant can manage his own finances and
4. Has the applicant's impairment lasted or is it expected to last for a continuous period of at least 60 months? X Yes - Continue to Item 5.	of his partner.
No - Do not complete this application.	10. Social/behavioral limitations (if any):
Disabling Condition	Difficulty communicating with others effectively due to anxiety and mood symptoms.
Do not use insurance codes or abbreviations.	due to anxiety and mood symptoms.
5. Provide your diagnosis of the applicant's impairment:	11. Global Assessment Function Score (for psychiatric conditions):
Major depressive disorder, severe; adjustment disorder with depression and anxiety	nt 48
Physician's Certification	
I certify that, in my best professional judgment, the applicant identification impairment consistent with my responses in Items 2 through 10.	ntified in Item 1 has a medically determinable physical or mental
I understand that an applicant who is currently able to engage in and permanent disability as defined on this form.	any substantial gainful activity in any field of work does not have a total
I am a doctor of: X medicine osteopathy/osteopathic m	nedicine
California A141	1657
State Where Legally Authorized to Practice* Professiona	al License Number (subject to verification; stamp is acceptable)
*If you are licensed to practice in American Samoa, Puerto Rico, th Micronesia, or Palau, attach a copy of your professional license tha	ne U.S. Virgin Islands, the Northern Mariana Islands, the Marshall Islands, at clearly shows the expiration date.
Ogh, Sugar	05/04/2022 John A Gillean
Rhysician's Signature (a stamp is not acceptable) Date of the stamp is not acceptable Date of the sta	Physician Name (First, Middle, Last)
•	igillean@innerspacepsychiatry.com 510-541-2323
<u>.</u>	nail Telephone

Address (a stamp is acceptable)

Fax



Darden, Michael <mad2255@tc.columbia.edu>

Re: {EXTERNAL} MR_Req, Michael Darden (Psych), Anthem/LT00403220; Medical_Record_Request, reply

Verrill, Deb < Deb. Verrill@anthem.com>

Wed, Nov 16, 2022 at 12:05 PM

To: "Darden, Michael" <mad2255@tc.columbia.edu> Cc: LDClaimsTeam <LDClaimsTeam@anthem.com>

Same to you!





Deb Verrill, Disability Case Manager

Life & Disability Claims Operations

PO Box 105426

Atlanta, GA 30348

OFFICE: 470-784-1964|FAX: 800-850-0017

EMAIL: Deb.Verrill@anthem.com

From: Darden, Michael <mad2255@tc.columbia.edu>
Sent: Wednesday, November 16, 2022 1:19 PM
To: Verrill, Deb <Deb.Verrill@anthem.com>

Cc: LDClaimsTeam < LDClaimsTeam@anthem.com>

Subject: Re: {EXTERNAL} MR Reg, Michael Darden (Psych), Anthem/LT00403220; Medical_Record_Request, reply

You're welcome. Understood, many thanks and take care,

Michael

917-868-8780

On Wed, Nov 16, 2022, 5:07 AM Verrill, Deb < Deb. Verrill@anthem.com> wrote:

4, 9:10 P Thank	you. I will send to your claim file and then do a review. I am sure it is, but I would like the time to review and g
back to	you.
Thank	s Michael.
Deb	
ON	eb Verrill
200	No - y Or read
Ар	icture containing text, sign Description automatically
gen	erated
Deb V	errill, Disability Case Manager
Life &	Disability Claims Operations
PO Bo	x 105426
Atlanta	a, GA 30348
OFFIC	E: 470-784-1964 FAX: 800-850-0017
EMAIL	: Deb.Verrill@anthem.com
Erom:	Darden, Michael <mad2255@tc.columbia.edu></mad2255@tc.columbia.edu>
Sent:	Tuesday, November 15, 2022 4:47 PM
	errill, Deb < Deb. Verrill@anthem.com> ct: {EXTERNAL} Fwd: Medical_Record_Request, Michael Darden (Psych), Anthem
This e	mail originated outside the company. Do not click links or attachments unless you recognize the sender.
Attach	ed, as requested:
Satisfa	actory, please?
Thank	you and be well,
Micha	el .
Micha	el Darden

917-868-8780

--- Forwarded message ----

From: Rhyzel Alabado <rhyzel.alabado@waitingroomsolutions.com>

Date: Tue, Nov 15, 2022, 12:25 PM Subject: Medical Record Request To: <mad2255@tc.columbia.edu>

Cc: <jgillean@innerspacepsychiatry.com>

Hello Mr. Darden,

Here are the medical records you requested for last 6 months. Please let us know if you need anything else.

Thank You,

Rhyzel A. | Innerspace Psychiatry WRS Health | VA Services

Email: rhyzel.alabado@wrshealth.com Phone: 510-541-2323 | Fax: (510) 907-7966

www.wrshealth.com

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3/3

Darden, Michael

Date: Nov 08, 2022 DOB: 05/05/1966, 56 year old Male Note No.38965203 Printed 12:16 PM Nov 15 2022 User Location: Innerspace Psychiatry

Innerspace Psychiatry 55 Santa Clara Ave, Ste 171, Oakland, CA 94610-1333 Fax: (510)907-7966 Tel: (510)541-2323 JOHN GILLÉAN, M.D.

PSYCHIATRIC HISTORY & EXAM

HPI: "We've been good."

Client reports that he has experienced significant migraines a/w tinnitus and vertigo.

Has started an extensive workup and has undergone a trial of emgality and been referred to a CBT provider.

He has been seeing a neurotologist at UCSF.

He is also suing a former employer for ADA discrimination .

This has been an extremely stressful process for him.

His brother has been homeless in MD recently which has been quite stressful for him.

Despite the above stressors, client reports that he is "hanging in there."

He will be travelling to MD to visit his mother for her 89th birthday.

Med updates:

Started on emgality.

General:

General: well nourished, well hydrated, no acute distress

Psychiatric: Speech: NRRT

Thought Process/Abstract Reasoning: linear, GD

Associations: depressive

Abnormal thoughts: no PI, no SI/HI/VI

Judgement & Insight: intact

Mental Status Exam:

Orientation: oriented to time, place, and person Memory: intact for recent and remote events

Attention: attends to tasks normally

Speech/Language: expressive and receptive communications skills are WNL

Fund of knowledge: demonstrates good fund of knowledge Mood & Affect: "hanging in there," depressed, anxious

Comments: affect and TP/TC are appropriate

PRESCRIPTIONS

clonazepam 0.5 mg tablet, Take 1 tablet(s) by oral route, dailyPRN anxiety, for 30 days, 30 Tablet &refills: 1 -- Reviewed CURES

Diagnosis: [F43.23]

trazodone 50 mg tablet, Take 1-2 tablet(s) by oral route, qHSPRN insomnia, for 30 days, 60 Tablet &refills: 2

Diagnosis: [F32.2]

bupropion HCI XL 300 mg 24 hr tablet, extended release, Take 1 tablet(s) by oral route, 1 time per day, for 30 days, 30 Tablet

&refills: 2

Diagnosis: [F32.2]

mirtazapine 15 mg tablet, Take 1 tablet(s) by oral route, qHS times per day, for 30 days, 30 Tablet &refills: 2

Diagnosis: [F32.2]

ALLERGIES

Penicillins -- rash

PROCEDURES

Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropr [99214]

Related Diagnosis:

ICD Code

ICD Description

ICD Code	ICD Description		248
lob code		ode, severe without psychotic features - patie	ent
F32.2	그는 그녀가 나는 나를 하다. 그는 역사를 하셨다면서 가게 하셨다면서 가게 되었다. 이 회사 나를	egimen, although symptoms continue to cau	
F43.23	Adjustment disorder with mixed anxiety situational stressors; continues to utilize	and depressed mood - exacerbated recent e clonazepam prn with benefit.	ly by

AXIS & PLAN

Major depressive disorder, single episode, severe without psychotic features - patient remains grossly stable on his current regimen, although symptoms continue to cause moderately significant functional impairment. [F32.2] (Axisl)

Plan: Continue bupropion XL 300mg daily and trazodone 50-100mg qHSPRN for insomnia, mirtazapine 7.5-15mg qHSPRN for insomnia; continue weekly psychotherapy with Penny; maintain SDI.

[99214] OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPR

Adjustment disorder with mixed anxiety and depressed mood - exacerbated recently by situational stressors; continues to utilize clonazepam prn with benefit. [F43.23] (Axisl)

Plan: Continue clonazepam 0.5mg dailyPRN for anxiety.

[99214] OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPR

SIGNATURE

This note has not yet been signed.

If required, you can add an addendum to it.

If required, you can add a patient annotation to it.

Note Sign off

Darden, Michael

Date: Jul 01, 2022 DOB: 05/05/1966, Male Note No.38104418 Printed 12:56 AM Jul 27 2022 User Location: Innerspace Psychiatry Innerspace Psychiatry
55 Santa Clara Ave, Ste 171, Oakland, CA 94610-1333
Tel: (510)541-2323 Fax: (510)907-7966
JOHN GILLEAN, M.D.

PSYCHIATRIC HISTORY & EXAM

HPI: "I'm doing OK."

Client reports relative stability on his current med regimen.

He continues to experience moderately significant symptoms although he feels he is managing basic ADLs well.

He is motivated to continue his current med regimen from which he continue to report a benefit.

He is sleeping relatively well.

He continues to express moderate concern about his mother.

He continues to report concerns about his son with whom he has a strained relationship.

General:

General: well nourished, well hydrated, no acute distress

Psychiatric: Speech: NRRT

Thought Process/Abstract Reasoning: linear, GD

Associations: depressive

Abnormal thoughts: no PI, no SI/HI/VI

Judgement & Insight: intact Mental Status Exam:

Orientation: oriented to time, place, and person Memory: intact for recent and remote events

Attention: attends to tasks normally

Speech/Language: expressive and receptive communications skills are WNL

Fund of knowledge: demonstrates good fund of knowledge

Mood & Affect: "OK," depressed, anxious Comments: affect and TP/TC are appropriate

PRESCRIPTIONS

trazodone 50 mg tablet, Take 1-2 tablet(s) by oral route , qHSPRN insomnia , for 30 days , 60 Tablet &refills: 2 Diagnosis: [F32.2]

bupropion HCI XL 300 mg 24 hr tablet, extended release, Take 1 tablet(s) by oral route, 1 time per day, for 30 days, 30 Tablet

&refills: 2

Diagnosis: [F32.2]

ALLERGIES

Penicillins -- rash

PROCEDURES

Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropr [99214]

Related Diagnosis:

ICD Code	ICD Description
F32.2	Major depressive disorder, single episode, severe without psychotic features - patient remains grossly stable on his current regimen, although symptoms continue to cause moderately significant functional impairment.
F43.23	Adjustment disorder with mixed anxiety and depressed mood - continues to utilize clonazepam prn with benefit.

AXIS & PLAN

Major depressive disorder, single episode, severe without psychotic features - patient remains grossly stable on his current regimen, although symptoms continue to cause moderately significant functional impairment. [F32.2] (Axisl)

Plan: Continue bupropion XL 300mg daily and trazodone 50-100mg qHSPRN for insomnia, mirtazapine 7.5-15mg qHSPRN for insomnia; continue weekly psychotherapy with Penny; maintain SDI.

[99214] OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT,

WHICH REQUIRES A MEDICALLY APPROPR

[99214] OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPR

[99214] OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPR

Adjustment disorder with mixed anxiety and depressed mood - continues to utilize clonazepam prn with benefit. [F43.23] (Axisl)

Plan: Continue clonazepam 0.5mg dailyPRN for anxiety.

[99214] OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPR

[99214] OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPR

SIGNATURE

This note has been electronically signed by JOHN GILLEAN, M.D. on 12:56 AM Jul 27 2022.

Cosign Note

If required, you can add an addendum to it.
If required, you can add a patient annotation to it.

Date: Apr 12, 2022 DOB: 05/05/1966, Male Note No.37237959 Printed 1:51 PM Apr 12 2022 User Location: Innerspace Psychiatry

Innerspace Psychiatry
55 Santa Clara Ave, Ste 171, Oakland, CA 94610-1333
Tel: (510)541-2323 Fax: (510)907-7966
JOHN GILLEAN, M.D.

PSYCHIATRIC HISTORY & EXAM

HPI: "A little better, but today is a klonopin day."

Patient reports that he has experienced some exacerbation of his anxiety symptoms in light of multiple external stressors today. He has taken a clonazepam already today to manage this increase in anxiety.

He has been utilizing mirtazapine in combination with trazodone some nights with benefit.

He reports that many nights, he benefit from trazodone alone.

He continues to feel quite distressed by managing his mother's care from across the country.

He notes that she has recovered from COVID but suffered some cognitive decline that he attributes to isolation during her infectious period.

She lost about 10 lbs d/t diminished feeding.

Since her return to the nursing home milieu, she has somewhat rapidly recovered and seems to be doing quite well.

He also reports that his brother continues to behave in a hostile way towards him which exacerbates the already delicate situation with his mother.

Social hx:

Travelling to MD to visit his mother for Easter this weekend.

Med hx:

Was taking Qulipta for migraines but found it to make him dizzier - continues to be followed by neurology for vestibular migraines.

General

General: well nourished, well hydrated, no acute distress

Psychiatric: Speech: NRRT

Thought Process/Abstract Reasoning: linear, GD

Associations: depressive

Abnormal thoughts: no PI, no SI/HI/VI

Judgement & Insight: intact Mental Status Exam:

Orientation: oriented to time, place, and person Memory: intact for recent and remote events

Attention: attends to tasks normally

Speech/Language: expressive and receptive communications skills are WNL

Fund of knowledge: demonstrates good fund of knowledge

Mood & Affect: "A little better," depressed, anxious Comments: affect and TP/TC are appropriate

PRESCRIPTIONS

bupropion HCI XL 300 mg 24 hr tablet, extended release, Take 1 tablet(s) by oral route, 1 time per day, for 30 days, 30 Tablet

&refills: 2

Diagnosis: [F32.2]

clonazepam 0.5 mg tablet, Take 1 tablet(s) by oral route, dailyPRN anxiety, for 30 days, 30 Tablet &refills: 1 - Reviewed CURES

Diagnosis: [F43.23]

ALLERGIES

Penicillins -- rash

PROCEDURES

Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropr [99214]

Related Diagnosis:

ICD Code ICD Description

ICD Code	ICD Description
F32.2	Major depressive disorder, single episode, severe without psychotic features - patient continues to exhibit severe depressive symptomology in light of external stressors; some improvement in sleep quality with addition of mirtazapine prn. continue to report at least a partial benefit from bupropion.
F43.23	Adjustment disorder with mixed anxiety and depressed mood - continues to find a need for clonazepam somewhat regularly to manage anxiety symptoms.

AXIS & PLAN

Major depressive disorder, single episode, severe without psychotic features - patient continues to exhibit severe depressive symptomology in light of external stressors; some improvement in sleep quality with addition of mirtazapine prn. continue to report at least a partial benefit from bupropion. [F32.2] (Axisl)

Plan: Continue bupropion XL 300mg daily and trazodone 50-100mg qHSPRN for insomnia, mirtazapine 7.5-15mg qHSPRN for insomnia; continue weekly psychotherapy with Penny; maintain SDI.

[99214] OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPR

[99214] OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPR

Adjustment disorder with mixed anxiety and depressed mood - continues to find a need for clonazepam somewhat regularly to manage anxiety symptoms. [F43.23] (Axisl)

Plan: Continue clonazepam 0.5mg dailyPRN for anxiety.

[99214] OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPR

SIGNATURE

This note has been electronically signed by JOHN GILLEAN, M.D. on 1:51 PM Apr 12 2022.

Cosign Note

If required, you can add an addendum to it.
If required, you can add a patient annotation to it.

12/18/24, 9:14 PM

Tc.columbia.edu M

_T00403220/Michael Darden, Long-Term Disability, A.

n, December 2022 Payment Forthcoming by Wh... 253



Darden, Michael <mad2255@tc.columbia.edu>

LT00403220/Michael Darden, Long-Term Disability, Anthem, December 2022 Payment Forthcoming by What Date?

1 message

Darden, Michael <mad2255@tc.columbia.edu>
To: "Verrill, Deb" <Deb.Verrill@anthem.com>
Cc: LDClaimsTeam <LDClaimsTeam@anthem.com>

Mon, Dec 19, 2022 at 7:32 AM

Good Day:

By what date will I receive the automatic deposit of my December 2022, LTD Payment in my bank checking account, please (that payment, which usually arrives monthly on approximately the 15th, appears to be several days late)?

Thank you, and take care,

Michael Michael Darden 917-868-8780 Fc.columbia.edu Mail - Medical_Record_Request, Mi

Darden (Psych), Anthem 2

254



Darden, Michael <mad2255@tc.columbia.edu>

Medical_Record_Request, Michael Darden (Psych), Anthem 2

1 message

Darden, Michael <mad2255@tc.columbia.edu> To: shaleea.petty@anthem.com Tue, Dec 20, 2022 at 11:22 AM

Attached, as requested:

Satisfactory, please?

Thank you and be well,

Michael Michael Darden 917-868-8780

----- Forwarded message -----

From: Darden, Michael <mad2255@tc.columbia.edu>

Date: Tue, Nov 15, 2022 at 1:47 PM

Subject: Fwd: Medical_Record_Request, Michael Darden (Psych), Anthem

To: Verrill, Deb < Deb. Verrill@anthem.com>

Attached, as requested:

Satisfactory, please?

Thank you and be well,

Michael Darden 917-868-8780

----- Forwarded message -----

From: Rhyzel Alabado <rhyzel.alabado@waitingroomsolutions.com>

Date: Tue, Nov 15, 2022, 12:25 PM Subject: Medical_Record_Request To: <mad2255@tc.columbia.edu>

Cc: <igillean@innerspacepsychiatry.com>

Hello Mr. Darden,

Here are the medical records you requested for last 6 months. Please let us know if you need anything else.

Thank You,

Rhyzel A. | Innerspace Psychiatry

12/18/24, 9:15 PM

columbia.edu Mail - Medical_Record_Request, Mic.

Darden (Psych), Anthem 2

255

Email: rhyzel.alabado@wrshealth.com Phone: 510-541-2323 | Fax: (510) 907-7966

www.wrshealth.com

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Darden Medical Record.pdf 1276K 12/18/24, 9:16 PM

Tc.columbia.eo

II - January 2023, Disability Payment Date? Medical_

rd_Request, Michael Darden (Psych), Anthem 256



Darden, Michael <mad2255@tc.columbia.edu>

January 2023, Disability Payment Date? Medical_Record_Request, Michael Darden (Psych), Anthem

1 message

Darden, Michael <mad2255@tc.columbia.edu> To: shaleea.petty@anthem.com Mon, Jan 9, 2023 at 12:31 PM

Hi, Ms. Petty:

Happy New Year and thank you for helping me swiftly receive my monthly Disability payment in December 2023. Trust that you all are busy, as am I. Just double-checking:

*Do you all have the information that you need from me?

*By what date will I receive in my bank checking account the deposit of my January 2023, Disability payment, please?

Finally, what's the best telephone number at which I may call you, if necessary?

Thanks again and take care,

Michael Michael Darden 917-868-8780

----- Forwarded message -----

From: Darden, Michael <mad2255@tc.columbia.edu>

Date: Tue, Dec 20, 2022, 11:22 AM

Subject: Medical_Record_Request, Michael Darden (Psych), Anthem 2

To: <shaleea.petty@anthem.com>

Attached, as requested:

Satisfactory, please?

Thank you and be well,

Michael Darden 917-868-8780

----- Forwarded message -----

From: Darden, Michael <mad2255@tc.columbia.edu>

Date: Tue, Nov 15, 2022 at 1:47 PM

Subject: Fwd: Medical_Record_Request, Michael Darden (Psych), Anthem

To: Verrill, Deb < Deb. Verrill@anthem.com>

Attached, as requested:

Satisfactory, please?

12/18/24, 9:16 PM Tc.
Thank you and be well,

Tc.columbia.ec iil - January 2023, Disability Payment Date? Medical_

ord_Request, Michael Darden (Psych), Anthem 257

Michael Darden 917-868-8780

----- Forwarded message -----

From: Rhyzel Alabado <rhyzel.alabado@waitingroomsolutions.com>

Date: Tue, Nov 15, 2022, 12:25 PM Subject: Medical_Record_Request To: <mad2255@tc.columbia.edu>

Cc: <igillean@innerspacepsychiatry.com>

Hello Mr. Darden,

Here are the medical records you requested for last 6 months. Please let us know if you need anything else.

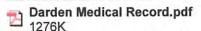
Thank You,

Rhyzel A. | Innerspace Psychiatry WRS Health | VA Services

Email: rhyzel.alabado@wrshealth.com Phone: 510-541-2323 | Fax: (510) 907-7966

www.wrshealth.com

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wd: January 2023, Disability Payment Date? Medical_

ord_Request, Michael Darden (Psych), Anthem 3



Darden, Michael <mad2255@tc.columbia.edu>

Fwd: January 2023, Disability Payment Date? Medical_Record_Request, Michael Darden (Psych), Anthem 3

1 message

Darden, Michael <mad2255@tc.columbia.edu> To: shaleea.petty@anthem.com Tue, Jan 17, 2023 at 10:35 AM

Hi Once More, Ms. Petty:

Suspect that you're still quite busy, as am I. Following up again. Not sure if you've received yet my above-referenced messages: Have you?....

----- Forwarded message -----

From: Darden, Michael <mad2255@tc.columbia.edu>

Date: Fri, Jan 13, 2023, 1:37 PM

Subject: Fwd: January 2023, Disability Payment Date? Medical_Record_Request, Michael Darden (Psych), Anthem 2

To: <shaleea.petty@anthem.com>

Hi Again, Ms. Petty:

Imagine that you're quite busy, as am I. Following up once more. Not certain if you've received yet my above-referenced messages: Have you?....

----- Forwarded message -----

From: Darden, Michael <mad2255@tc.columbia.edu>

Date: Mon, Jan 9, 2023, 12:31 PM

Subject: January 2023, Disability Payment Date? Medical_Record_Request, Michael Darden (Psych), Anthem

To: <shaleea.petty@anthem.com>

Hi, Ms. Petty:

Happy New Year and thank you for helping me swiftly receive my monthly Disability payment in December 2023. Trust that you all are busy, as am I. Just double-checking:

*Do you all have the information that you need from me?

*By what date will I receive in my bank checking account the deposit of my January 2023, Disability payment, please?

Finally, what's the best telephone number at which I may call you, if necessary?

Thanks again and take care,

Michael Michael Darden 917-868-8780

----- Forwarded message -----

From: Darden, Michael <mad2255@tc.columbia.edu>

Date: Tue, Dec 20, 2022, 11:22 AM

Subject: Medical_Record_Request, Michael Darden (Psych), Anthem 2

To: <shaleea.petty@anthem.com>

12/18/24, 9:17 PM

Tc.columbia.edu Ma

wd: January 2023, Disability Payment Date? Medica.

.ord_Request, Michael Darden (Psych), Anthem 3

Attached, as requested:

Satisfactory, please?

Thank you and be well,

Michael Michael Darden 917-868-8780

----- Forwarded message -----

From: Darden, Michael <mad2255@tc.columbia.edu>

Date: Tue, Nov 15, 2022 at 1:47 PM

Subject: Fwd: Medical_Record_Request, Michael Darden (Psych), Anthem

To: Verrill, Deb < Deb. Verrill@anthem.com>

Attached, as requested:

Satisfactory, please?

Thank you and be well,

Michael Michael Darden 917-868-8780

----- Forwarded message -----

From: Rhyzel Alabado <rhyzel.alabado@waitingroomsolutions.com>

Date: Tue, Nov 15, 2022, 12:25 PM Subject: Medical_Record_Request To: <mad2255@tc.columbia.edu>

Cc: <jgillean@innerspacepsychiatry.com>

Hello Mr. Darden,

Here are the medical records you requested for last 6 months. Please let us know if you need anything else.

Thank You,

Rhyzel A. | Innerspace Psychiatry

WRS Health | VA Services

Email: rhyzel.alabado@wrshealth.com Phone: 510-541-2323 | Fax: (510) 907-7966

www.wrshealth.com

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12/18/24, 9:17 PM

Tc.columbia.edu N

-wd: January 2023, Disability Payment Date? Medica

cord_Request, Michael Darden (Psych), Anthem 3

you think that you have received this e-mail in error, please advise the sender by reply e-mail of the error and then delete this e-mail immediately. Thank You.

Darden Medical Record.pdf 1276K 12/18/24, 9:19 PM

Tc.columbia.ed. 1 - Re: {EXTERNAL} Fwd: Medical Long-Term Disabi.

pplication, Michael Darden, Anthem, Reply 5



Darden, Michael <mad2255@tc.columbia.edu>

Re: {EXTERNAL} Fwd: Medical Long-Term Disability Application, Michael Darden, Anthem, Reply 5

1 message

Darden, Michael <mad2255@tc.columbia.edu> To: tanita.lee@anthem.com Wed, Mar 15, 2023 at 11:26 AM

Ms. Lee:

As promised, here are my emails with your predecessor...

Good Day, Ms. Petty:

Appreciate receiving your below-attached message. OK. Do you mean that Anthem will extend my Psychiatric Long-Term Disability (LTD) from July 2023 until August 2023?

Meanwhile, as requested ...

Michael Darden

Physical Impairments (Medical) Physicians - Contact Information 2023

Emanuel Vergis, MD Primary Care Physician One Medical 595 Castro St San Francisco, CA 94114 415-529-4099 telephone 415-552-2909 fax

Patricia Suzanne Maska, MD Neurologist

985 Atlantic Ave #300 Alameda, CA 94501 510-748-5363 telephone 510-745-5425 fax

Jeffrey Sharon, MD

Neurotologist (Migraines, Vestibular (Balance) System and Tinnitus (Ear-Ringing))
University of California, San Francisco (UCSF) Medical Center
2380 Sutter St Third Floor,
San Francisco, CA 94115

415-353-2757 telephone

415-353-2603 fax

Jerrold Kram, MD Sleep Specialist

California Center for Sleep Disorders 13939 E 14th St Suite 180, San Leandro, CA 94578 510-263-3300 telephone 510-263-3350 fax

Satisfactory?

Do you need further records and documents to fully consider my Medical, LTD Application with Anthem, please?

12/18/24, 9:19 PM

Tc.columbia.e ail - Re: {EXTERNAL} Fwd: Medical Long-Term Disa.

Application, Michael Darden, Anthem, Reply 5

Thank you and be well,

Michael Darden 917-868-8780

On Wed, Mar 15, 2023, 10:47 AM Darden, Michael <mad2255@tc.columbia.edu> wrote: Hi Again, Ms. Petty:

Guess once more that you're busy, as am I. Following up. Have not yet received in my bank checking account my expected, monthly Disability payment today, 3/15/23. By what date will I receive that payment there, please? And still not certain if you've received yet my below-attached message: Did you?...

On Mon, Mar 13, 2023, 1:12 PM Darden, Michael <mad2255@tc.columbia.edu> wrote: Hi Once More, Ms. Petty:

Suspect again that you're busy, as am I. Following up. Not certain if you've received yet my below-attached message: Did you?...

On Mon, Mar 6, 2023, 12:58 PM Darden, Michael <mad2255@tc.columbia.edu> wrote: Hi Again, Ms. Petty:

Imagine once more that you're busy, as am I. Following up. Not certain if you've received yet my below-attached message: Did you?...

On Thu, Feb 9, 2023, 2:39 PM Darden, Michael <mad2255@tc.columbia.edu> wrote: Good Day, Ms, Petty:

Appreciate receiving your below-attached message. OK. Do you mean that Anthem will extend my Psychiatric Long-Term Disability (LTD) from July 2023 until August 2023?

Meanwhile, as requested...

Michael Darden
Physical Impairments (Medical) Physicians - Contact Information 2023

Emanuel Vergis, MD Primary Care Physician One Medical 595 Castro St San Francisco, CA 94114 415-529-4099 telephone 415-552-2909 fax

Patricia Suzanne Maska, MD Neurologist 985 Atlantic Ave #300 Alameda, CA 94501 510-748-5363 telephone 510-745-5425 fax

Jeffrey Sharon, MD

Neurotologist (Migraines, Vestibular (Balance) System and Tinnitus (Ear-Ringing))
University of California, San Francisco (UCSF) Medical Center
2380 Sutter St Third Floor,
San Francisco, CA 94115
415-353-2757 telephone
415-353-2603 fax

Jerrold Kram, MD Sleep Specialist

12/18/24, 9:19 PM

Tc.columbia.ed. ... - Re: {EXTERNAL} Fwd: Medical Long-Term Disabi.

oplication, Michael Darden, Anthem, Reply 5

263

California Center for Sleep Disorders 13939 E 14th St Suite 180, San Leandro, CA 94578 510-263-3300 telephone 510-263-3350 fax

Satisfactory?

Do you need further records and documents to fully consider my Medical, LTD Application with Anthem, please?

Thank you and be well,

Michael Michael Darden 917-868-8780

On Wed, Feb 8, 2023 at 11:38 AM Petty, Shaleea <Shaleea.Petty@anthem.com> wrote:

Good afternoon,

We are going to extend your claim for one month. In meantime, I need to know the name(s) of your physicians that are treating any physical impairments that you may have. Please provide their full name, address, telephone number and fax number.

Have a great day.

Thanks so much.

Shaleea Petty

Anthem, Inc.

Shaleea Petty

Disability Claims Manager Sr.

740 West Peachtree Street

Atlanta, GA 30308

O: (404) 842-8021 | F: (800) 850-001

Shaleea.Petty@anthem.com

12/18/24, 9:19 PM

Tc.columbia.ec .il - Re: {EXTERNAL} Fwd: Medical Long-Term Disab.

pplication, Michael Darden, Anthem, Reply 5 264

From: Darden, Michael <mad2255@tc.columbia.edu>

Sent: Monday, February 6, 2023 3:41 PM

To: Petty, Shaleea < Shaleea. Petty@anthem.com>

Subject: {EXTERNAL} Fwd: Medical Long-Term Disability Application, Michael Darden; Fwd:

Medical Record Request, Michael Darden (Psych), Anthem 3

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Hi Again, Ms. Petty:

Imagine that you're busy, as am I. Following up. Not certain if you've received yet my below-attached message: Did you?!...

Forwarded message ---

From: Darden, Michael <mad2255@tc.columbia.edu>

Date: Wed, Feb 1, 2023, 1:26 PM

Subject: Medical Long-Term Disability Application, Michael Darden; Fwd: Medical_Record_Request, Michael

Darden (Psych), Anthem 2

To: <shaleea.petty@anthem.com>

Hi, Ms. Petty:

Per my voicemail of today, just checking in to learn:

- Do you have all records and documents that you need to consider my Medical, Long-Term Disability Application with Anthem?
- Do you need further records and documents (besides the attached information) to consider my Medical, LTD Application with Anthem?

Thank you, and take care,

Michael

Michael Darden

917-868-8780

-- Forwarded message -----

From: Darden, Michael <mad2255@tc.columbia.edu>

Date: Tue, Dec 20, 2022 at 11:22 AM

Subject: Medical_Record_Request, Michael Darden (Psych), Anthem 2

To: <shaleea.petty@anthem.com>

12/18/24, 9:19 PM Tc.columbia.ed .- Re: {EXTERNAL} Fwd: Medical Long-Term Disabi plication, Michael Darden, Anthem, Reply 5 265

Attached, as requested:
Satisfactory, please?
Thank you and be well,
Michael
Michael Darden
917-868-8780
From: Darden, Michael <mad2255@tc.columbia.edu> Date: Tue, Nov 15, 2022 at 1:47 PM Subject: Fwd: Medical_Record_Request, Michael Darden (Psych), Anthem To: Verrill, Deb <deb.verrill@anthem.com></deb.verrill@anthem.com></mad2255@tc.columbia.edu>
Attached, as requested:
Satisfactory, please?
Thank you and be well,
Michael
Michael Darden
917-868-8780
From: Rhyzel Alabado <rhyzel.alabado@waitingroomsolutions.com> Date: Tue, Nov 15, 2022, 12:25 PM Subject: Medical_Record_Request To: <mad2255@tc.columbia.edu> Cc: <jgillean@innerspacepsychiatry.com></jgillean@innerspacepsychiatry.com></mad2255@tc.columbia.edu></rhyzel.alabado@waitingroomsolutions.com>

Hello Mr. Darden,

12/18/24, 9:19 PM

Tc.columbia.ec all - Re: {EXTERNAL} Fwd: Medical Long-Term Disab. pplication, Michael Darden, Anthem, Reply 5

Here are the medical records you requested for last 6 months. Please let us know if you need anything else.

Thank You,

Rhyzel A. | Innerspace Psychiatry WRS Health | VA Services

Email: rhyzel.alabado@wrshealth.com Phone: 510-541-2323 | Fax: (510) 907-7966

www.wrshealth.com

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Anthem Review Request, Attending Physician St...



Darden, Michael <mad2255@tc.columbia.edu>

Fwd: LT00403220/Michael Darden, Long-Term Disability, Anthem Review Request, Attending Physician Statement, Certification Form, completed, signed

Darden, Michael <mad2255@tc.columbia.edu> To: tanita.lee@anthem.com Thu, Mar 16, 2023 at 9:43 PM

Hi Once More, Ms. Lee:

Actually, THE ATTACHED FORM is my completed, Anthem "Attending Physician Statement" that you've requested, and as you can again see in the email chain below, I provided to one of your predecessors months ago, also around November 2022: Satisfactory?...

----- Forwarded message -----

From: Darden, Michael <mad2255@tc.columbia.edu>

Date: Fri, Nov 11, 2022, 7:56 PM

Subject: LT00403220/Michael Darden, Long-Term Disability, Anthem Review Request, Physician Certification Form,

completed, signed

To: Verrill, Deb < Deb, Verrill@anthem.com>

Cc: LDClaimsTeam <LDClaimsTeam@anthem.com>

Attached, please find the referenced completed, signed Form:

Satisfactory?

And per your recent voicemail, to confirm:

Is July 31, 2023, the final date on which my psychological LTD will be active, please?

If yes, then by what date must I provide you any further copies of my Medical Records, and what Medical Records must I provide you?

Thank you, take care and Good Weekend,

Michael Darden 917-868-8780

On Fri, Oct 28, 2022, 1:35 AM Darden, Michael <mad2255@tc.columbia.edu> wrote: You're welcome. Working on returning your Physician's Certification form soon.

Again, thanks very much and be well,

Michael Michael Darden 917-868-8780

On Wed, Oct 26, 2022, 10:49 AM Verrill, Deb <Deb.Verrill@anthem.com> wrote:

Hi there- yes, your benefits will continue and the new due date for information is 11/25/22.

Thank you,





A picture containing text, sign Description automatically generated

Deb Verrill, Disability Case Manager

Life & Disability Claims Operations

PO Box 105426

Atlanta, GA 30348

OFFICE: 470-784-1964|FAX: 800-850-0017

EMAIL: Deb.Verrill@anthem.com

From: Darden, Michael <mad2255@tc.columbia.edu>

Sent: Wednesday, October 26, 2022 11:56 AM To: Verrill, Deb < Deb. Verrill@anthem.com>

Subject: Re: {EXTERNAL} Fwd: LT00403220/Michael Darden, Long-Term Disability, Anthem Review Request 3

Hi:

You're welcome. Appreciate receiving your response below. To confirm:

Will my Long-Term Disability Payments continue without interruption while I complete these forms, or have them completed, signed and returned to you as soon as I possibly can, please?...

On Wed, Oct 26, 2022, 5:12 AM Verrill, Deb < Deb. Verrill@anthem.com> wrote:

Hi there,

Thank you,

Deb Verrill



Deb Verrill, Disability Case Manager

Life & Disability Claims Operations

PO Box 105426

Atlanta, GA 30348

OFFICE: 470-784-1964|FAX: 800-850-0017

EMAIL: Deb.Verrill@anthem.com

From: Darden, Michael <mad2255@tc.columbia.edu>

Sent: Tuesday, October 25, 2022 4:51 PM To: Verrill, Deb Deb.Verrill@anthem.com>

Cc: LDClaimsTeam <LDClaimsTeam@anthem.com>

Subject: {EXTERNAL} Fwd: LT00403220/Michael Darden, Long-Term Disability, Anthem Review Request 2

This email originated outside the company. Do not click links or attachments unless you recognize the sender.

Hi, Deb Verrill and Team:

As I mentioned per my voicemail yesterday, this is the first time that I have received the attached documents. I will attempt to complete them or have them completed, signed and returned to you as soon as I possibly can:

Satisfactory, please?

Thank you and take care,

Michael

Michael Darden

917-868-8780

--- Forwarded message -----

From: Verrill, Deb < Deb. Verrill@anthem.com>

Date: Tue, Oct 25, 2022, 10:31 AM Subject: LT00403220/Michael Darden

To: mad2255@tc.columbia.edu <mad2255@tc.columbia.edu>

Cc: LDClaimsTeam < LDClaimsTeam@anthem.com>

12/19/24, 12:24 PM

Tc.columbia.edu Maո - Fwd: LT00403220/Michael Darden, Long-Term Disability, Anthem Review Request, Attending Physician St... 270

Hello.

Here is a copy of the letter sent to you on 9/8/22 and the forms that need to be completed. Please be sure this are returned within 30 days from the date of this letter.

Thank you,

Deb Verrill

Deb Verrill, Disability Case Manager

Life & Disability Claims Operations

PO Box 105426

Atlanta, GA 30348

OFFICE: 470-784-1964|FAX: 800-850-0017

EMAIL: Deb.Verrill@anthem.com

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Anthem Blue Cross Long-Term Disability, LTD extension, Physician Certification Form, completed, signed.pdf

12/19/24, 12:33 PM

Tc.columbia.ec iil - Re: {EXTERNAL} Fwd: Medical Long-Term Disal.

pplication, Michael Darden, Anthem, Reply 5 272



Darden, Michael <mad2255@tc.columbia.edu>

Re: {EXTERNAL} Fwd: Medical Long-Term Disability Application, Michael Darden, Anthem, Reply 5

1 message

Darden, Michael <mad2255@tc.columbia.edu> To: tanita.lee@anthem.com

Wed, Mar 15, 2023 at 11:26 AM

Ms. Lee:

As promised, here are my emails with your predecessor...

Good Day, Ms. Petty:

Appreciate receiving your below-attached message. OK. Do you mean that Anthem will extend my Psychiatric Long-Term Disability (LTD) from July 2023 until August 2023?

Meanwhile, as requested...

Michael Darden

Physical Impairments (Medical) Physicians - Contact Information 2023

Emanuel Vergis, MD Primary Care Physician One Medical 595 Castro St

San Francisco, CA 94114 415-529-4099 telephone

415-552-2909 fax

Patricia Suzanne Maska, MD

Neurologist 985 Atlantic Ave #300 Alameda, CA 94501 510-748-5363 telephone 510-745-5425 fax

Jeffrey Sharon, MD

Neurotologist (Migraines, Vestibular (Balance) System and Tinnitus (Ear-Ringing))

University of California, San Francisco (UCSF) Medical Center 2380 Sutter St Third Floor, San Francisco, CA 94115

415-353-2757 telephone

415-353-2603 fax

Jerrold Kram, MD

Sleep Specialist California Center for Sleep Disorders 13939 E 14th St Suite 180, San Leandro, CA 94578 510-263-3300 telephone 510-263-3350 fax

Satisfactory?

Do you need further records and documents to fully consider my Medical, LTD Application with Anthem, please?

12/19/24, 12:33 PM

Tc.columbia. € ail - Re: {EXTERNAL} Fwd: Medical Long-Term Disa

Application, Michael Darden, Anthem, Reply 5 273

Thank you and be well,

Michael Michael Darden 917-868-8780

On Wed, Mar 15, 2023, 10:47 AM Darden, Michael <mad2255@tc.columbia.edu> wrote: Hi Again, Ms. Petty:

Guess once more that you're busy, as am I. Following up. Have not yet received in my bank checking account my expected, monthly Disability payment today, 3/15/23. By what date will I receive that payment there, please? And still not certain if you've received yet my below-attached message: Did you?...

On Mon, Mar 13, 2023, 1:12 PM Darden, Michael <mad2255@tc.columbia.edu> wrote: Hi Once More, Ms. Petty:

Suspect again that you're busy, as am I. Following up. Not certain if you've received yet my below-attached message: Did you?...

On Mon, Mar 6, 2023, 12:58 PM Darden, Michael <mad2255@tc.columbia.edu> wrote: Hi Again, Ms. Petty:

Imagine once more that you're busy, as am I. Following up. Not certain if you've received yet my below-attached message: Did you?...

On Thu, Feb 9, 2023, 2:39 PM Darden, Michael <mad2255@tc.columbia.edu> wrote: Good Day, Ms, Petty:

Appreciate receiving your below-attached message. OK. Do you mean that Anthem will extend my Psychiatric Long-Term Disability (LTD) from July 2023 until August 2023?

Meanwhile, as requested...

Michael Darden
Physical Impairments (Medical) Physicians - Contact Information 2023

Emanuel Vergis, MD Primary Care Physician One Medical 595 Castro St San Francisco, CA 94114 415-529-4099 telephone 415-552-2909 fax

Patricia Suzanne Maska, MD Neurologist 985 Atlantic Ave #300 Alameda, CA 94501 510-748-5363 telephone 510-745-5425 fax

Jeffrey Sharon, MD

Neurotologist (Migraines, Vestibular (Balance) System and Tinnitus (Ear-Ringing))
University of California, San Francisco (UCSF) Medical Center
2380 Sutter St Third Floor,
San Francisco, CA 94115
415-353-2757 telephone
415-353-2603 fax

Jerrold Kram, MD Sleep Specialist

12/19/24, 12:33 PM

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ail - Re: {EXTERNAL} Fwd: Medical Long-Term Disa

Application, Michael Darden, Anthem, Reply 5

274

California Center for Sleep Disorders 13939 E 14th St Suite 180, San Leandro, CA 94578 510-263-3300 telephone 510-263-3350 fax

Satisfactory?

Do you need further records and documents to fully consider my Medical, LTD Application with Anthem, please?

Thank you and be well,

Michael Michael Darden 917-868-8780

On Wed, Feb 8, 2023 at 11:38 AM Petty, Shaleea < Shaleea. Petty@anthem.com> wrote:

Good afternoon,

We are going to extend your claim for one month. In meantime, I need to know the name(s) of your physicians that are treating any physical impairments that you may have. Please provide their full name, address, telephone number and fax number.

Have a great day.

Thanks so much.

Shaleea Petty

Anthem, Inc.

Shaleea Petty

Disability Claims Manager Sr.

740 West Peachtree Street

Atlanta, GA 30308

O: (404) 842-8021 | F: (800) 850-001

Shaleea.Petty@anthem.com

12/19/24, 12:33 PM

Tc.columbia.€

ail - Re: {EXTERNAL} Fwd: Medical Long-Term Disa

Application, Michael Darden, Anthem, Reply 5

275

From: Darden, Michael <mad2255@tc.columbia.edu>

Sent: Monday, February 6, 2023 3:41 PM

To: Petty, Shaleea < Shaleea. Petty@anthem.com>

Subject: {EXTERNAL} Fwd: Medical Long-Term Disability Application, Michael Darden; Fwd:

Medical_Record_Request, Michael Darden (Psych), Anthem 3

This email originated outside the company. Do not click links or attachments unless you recognize the sender.

Hi Again, Ms. Petty:

Imagine that you're busy, as am I. Following up. Not certain if you've received yet my below-attached message: Did you?!...

----- Forwarded message -----

From: Darden, Michael <mad2255@tc.columbia.edu>

Date: Wed, Feb 1, 2023, 1:26 PM

Subject: Medical Long-Term Disability Application, Michael Darden; Fwd: Medical_Record_Request, Michael

Darden (Psych), Anthem 2

To: <shaleea.petty@anthem.com>

Hi, Ms. Petty:

Per my voicemail of today, just checking in to learn:

- Do you have all records and documents that you need to consider my Medical, Long-Term Disability Application with Anthem?
- Do you need further records and documents (besides the attached information) to consider my Medical, LTD Application with Anthem?

Thank you, and take care,

Michael

Michael Darden

917-868-8780

----- Forwarded message -----

From: Darden, Michael <mad2255@tc.columbia.edu>

Date: Tue, Dec 20, 2022 at 11:22 AM

Subject: Medical_Record_Request, Michael Darden (Psych), Anthem 2

To: <shaleea.petty@anthem.com>

12/19/24, 12:33 PM Tc.columbia.e ail - Re: {EXTERNAL} Fwd: Medical Long-Term Disa. Application, Michael Darden, Anthem, Reply 5 276

Attached, as requested:	
Satisfactory, please?	
Thank you and be well,	
Michael	
Michael Darden	
917-868-8780	
From: Darden, Michael <mad2255@tc.columbia.edu> Date: Tue, Nov 15, 2022 at 1:47 PM Subject: Fwd: Medical_Record_Request, Michael Darden (Psych), Anthem To: Verrill, Deb <deb.verrill@anthem.com></deb.verrill@anthem.com></mad2255@tc.columbia.edu>	
Attached, as requested:	
Satisfactory, please?	
Thank you and be well,	
Michael	
Michael Darden	
917-868-8780	
Forwarded message From: Rhyzel Alabado <rhyzel.alabado@waitingroomsolutions.com> Date: Tue, Nov 15, 2022, 12:25 PM Subject: Medical_Record_Request To: <mad2255@tc.columbia.edu> Cc: <jgillean@innerspacepsychiatry.com></jgillean@innerspacepsychiatry.com></mad2255@tc.columbia.edu></rhyzel.alabado@waitingroomsolutions.com>	

Hello Mr. Darden,

12/19/24, 12:33 PM

Tc.columbia. e .ail - Re: {EXTERNAL} Fwd: Medical Long-Term Disa

Application, Michael Darden, Anthem, Reply 5

Here are the medical records you requested for last 6 months. Please let us know if you need anything else.

Thank You,

Rhyzel A. | Innerspace Psychiatry WRS Health | VA Services

Email: rhyzel.alabado@wrshealth.com Phone: 510-541-2323 | Fax: (510) 907-7966

www.wrshealth.com

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12/19/24, 1:16 PM

Tc.columbia.edu M.

wd: Medical Long-Term Disability Application, Micha-

den; Fwd: Medical_Record_Request, Michael ... 278



Darden, Michael <mad2255@tc.columbia.edu>

Fwd: Medical Long-Term Disability Application, Michael Darden; Fwd: Medical_Record_Request, Michael Darden (Psych), Anthem 4

Darden, Michael <mad2255@tc.columbia.edu> To: tanita.lee@anthem.com Thu, Mar 16, 2023 at 1:35 PM

Hi Again, Ms. Lee:

Terrific to speak with you by telephone yesterday. Truly appreciate receiving your gracious show of concern and attention regarding my Psychiatric and Medical Claims. To help facilitate your search and review of my Claims, please find attached my requested Medical Records and Attending Physician's Attestation, which as you can see I've provided to your predecessors numerous times since November 2022...

----- Forwarded message -----

From: Darden, Michael <mad2255@tc.columbia.edu>

Date: Mon, Feb 6, 2023 at 12:41 PM

Subject: Fwd: Medical Long-Term Disability Application, Michael Darden; Fwd: Medical_Record_Request, Michael Darden

(Psych), Anthem 3

To: <shaleea.petty@anthem.com>

Hi Again, Ms. Petty:

Imagine that you're busy, as am I. Following up. Not certain if you've received yet my below-attached message: Did you?!...

----- Forwarded message ------

From: Darden, Michael <mad2255@tc.columbia.edu>

Date: Wed, Feb 1, 2023, 1:26 PM

Subject: Medical Long-Term Disability Application, Michael Darden; Fwd: Medical_Record_Request, Michael Darden

(Psych), Anthem 2

To: <shaleea.petty@anthem.com>

Hi, Ms. Petty:

Per my voicemail of today, just checking in to learn:

- Do you have all records and documents that you need to consider my Medical, Long-Term Disability Application with Anthem?
- Do you need further records and documents (besides the attached information) to consider my Medical, LTD Application with Anthem?

Thank you, and take care,

Michael Michael Darden 917-868-8780

----- Forwarded message -----

From: Darden, Michael <mad2255@tc.columbia.edu>

Date: Tue, Dec 20, 2022 at 11:22 AM

Case 4:25-cv-00911-DMR Document 1 Filed 01/28/25 Page 279 of 500 12/19/24, 1:16 PM Tc.columbia.edu M. wd: Medical Long-Term Disability Application, Michael den; Fwd: Medical_Record_Request, Michael ... 279 Subject: Medical Record Request, Michael Darden (Psych), Anthem 2 To: <shaleea.petty@anthem.com> Attached, as requested: Satisfactory, please? Thank you and be well, Michael Michael Darden 917-868-8780 -- Forwarded message -----From: Darden, Michael <mad2255@tc.columbia.edu> Date: Tue, Nov 15, 2022 at 1:47 PM Subject: Fwd: Medical_Record_Request, Michael Darden (Psych), Anthem

Attached, as requested:

To: Verrill, Deb < Deb. Verrill@anthem.com>

Satisfactory, please?

Thank you and be well,

Michael Michael Darden 917-868-8780

----- Forwarded message -----

From: Rhyzel Alabado <rhyzel.alabado@waitingroomsolutions.com>

Date: Tue, Nov 15, 2022, 12:25 PM Subject: Medical_Record_Request To: <mad2255@tc.columbia.edu>

Cc: <jgillean@innerspacepsychiatry.com>

Hello Mr. Darden,

Here are the medical records you requested for last 6 months. Please let us know if you need anything else.

Thank You,

Rhyzel A. | Innerspace Psychiatry

WRS Health | VA Services

Email: rhyzel.alabado@wrshealth.com Phone: 510-541-2323 | Fax: (510) 907-7966

www.wrshealth.com

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12/19/24, 1:16 PM

Tc.columbia.edu M

wd: Medical Long-Term Disability Application, Micha

rden; Fwd: Medical_Record_Request, Michael ...

authorized agent, the reader is hereby notified that any dissemination, distribution or copying of this e-mail is prohibited. If you think that you have received this e-mail in error, please advise the sender by reply e-mail of the error and then delete this e-mail immediately. Thank You.

Darden Medical Record.pdf 1276K

Anthem*Life

ATTENDING PHYSICIAN'S STATEMENT

THE PATIENT IS RESPONSIBLE FOR THE COMPLETION OF THIS FORM WITHOUT EXPENSE TO THE COMPANY Date of Birth: Patient's Name: 05/05/1968 Michael Darden 1. HISTORY Date: 4/15/21 (psych), 10/16/22 (phys) a. When did symptoms first appear or accident happen? Date: 4/15/21 (psych) b. Date patient ceased work because of disability Yes c. Is condition a result of patient's employment? No Yes Yes No No d. Is condition due to a motor vehicle accident? e. Has patient ever had a same or similar condition? (If yes, please describe.) f. Names and addresses of other treating physicians: See below.* ☐ Yes ☑ No g. Have you ever treated patient prior to this? (If yes, for what and when?) Yes No h. Does patient have other disability coverage? (If yes, please identify.) 2. DIAGNOSIS a. Diagnosis (including any complications): Chronic, intractable vestibular migraine and tinnitus; sleep apnea b. Subjective symptoms: Reports constant dizziness and ear-ringing; insomnia c. Objective findings (include current X-rays, EKG's, laboratory data and any clinical data): Physical tests and evalutions continue to show patient has the severe symptoms listed above. 4. NATURE OF TREATMENT(surgery, medications, etc.) 3. DATES OF TREATMENT a. Date of first visit Date: 04/21/21 Date: 10/4/21 b. Date of last visit Examinations, referrals to specialists ☐ Weekly ☐ Monthly ☑ Other(specify) c. Frequency: As necessary 'IMPORTANT' 5. EXTENT OF DISABILITY a. Are you aware of the main duties the patient performs in his/her usual work or business? □ No ✓ Yes ✓ Yes b. Are you aware of the patient's background (education, training, experience, etc.)? Describe any restrictions (what your patient should not do): Unable to work. Describe any limitations (what your patient cannot do): Severe limitation of functional capacity. Unable to work. 6. CARDIAC (if applicable) Class 1 (No Limitation) Class 3 (Marked Limitation) a. Functional Capacity (American Heart Association): ☐ Class 4 (Complete Limitation) Class 2 (Slight Limitation) Blood Pressure (last visit): Diastolic Systolic

*Patricia Suzanne Maska, MD, Neurologist, 985 Atlantic Ave, #300, Alameda. CA 94501, 510-748-5383 telephone

Jeffrey Sharon, MD, Neurotologist (Migraines, Vestibutar (Belance) System and Tinnitus (Ear-Ringing)), University of Catifornia, San Francisco (UCSF)

Medical Center, 2380 Sutter St Third Floor, San Francisco, CA 94115, 415-353-2757 telephone

Jarrold Kram, MD, Sleep Specialist, California Center for Steep Disorders 13939 E 14th St Suite 180, San Leandro, CA 94578, 510-263-3300 talephone

7. PHYSICAL IMPAIRMENT (*As defined in Federal Dictionary of Occupational Titles) Class 1 — No Limitation of functional capacity; capable of heavy work* No restrictions (0-10%) Class 2 — Medium manual activity* (15–30%) Class 3 — Slight limitation of functional capacity; capable of light work* (35-55%) Class 4 — Moderate limitation of functional capacity; capable of clerical/administrative (sedentary) activity* (60-70%) Class 5 — Severe limitation of functional capacity; incapable of minimal (sedentary) activity* (75-100%) Remarks:			
8. MENTAL/NERVOUS IMPAIRMENT (If applicable) Class 1 — Patient able to function under stress and able to election in most stress situations at Class 2 — Patient able to engage in only limited stress situations (Moderate limitation). Class 4 — Patient unable to engage in stress situations or en Class 5 — Patient unable to engage in stress situations or en Remarks:	nd engage in limited interpersona ions and engage in limited interp gage in interpersonal relations (I	d relations (Slight Limitation). ersonal Aarked limitation).	
Do you believe the patient is competent to endorse checks and c	direct the use of the proceeds?	☑ Yes □ No	
9. PROGRESS a. Has patient Recovered? Improved? If recovered, date patient able to work: Date:	☑ Unchanged? ☐ Regre	ssed?	
b. Is patient Ambulatory? House confine c. Has patient been hospital confined?	Yes 🗹 No	☐ Hospital confined?	
Please give name and address of hospital:	AdmittedDi	scharged	
d. Do you expect any significant improvement in the future? (1) If yes, when will patient recover sufficiently to perform the (a) HIS/HER REGULAR JOB? Month (b) ANY OTHER TYPE OF WORK (2) If no, please explain: In addition to intractable, chronic migraines with vertigo generalized anxiety disorder. e. If you do not expect patient to be able to return to his/her occurrendidacy for Social Security Disability benefits? Yes 10. REHABILITATION	duties of: Day Year	tonths Never th 1-3 Months tonths Never fers from major depression and	
a. Is patient a suitable candidate for further rehabilitation service (i.e., cardiopulmonary program, speech therapy, etc.) b. Can present job be modified to allow for handling with impaired. When could trial employment commence?	es? Yes	☐ Yes ☑ No☐ Yes ☑ No☐ Mo. day yr.	
d. Would vocational counseling and/or retraining be recommend	☐ Full-time ☐ Part-time	☐ Full-time ☐ Part-time ☐ Yes ☑ No	
11. REMARKS:	ider (les grivo		
Due to psychiatric symptoms, Michael Darden has a classification of total and of Education correspondence). In addition, several declars and providers see cause severe, constant vertigo and timitus, both of which are intractable and therapies.	Mr. Dardon for severe, persistent mid	insines that	
Emanuel Vergis MD	415-529-4099	415-552-2809	
Name of Attending Physician (Print) Degree One Medical, 595 Castro St	Telephone San Francisco	Fax	
Street Address	City or Town		
State Signature State Signature 94114 Zip Code 24-720 Date	3/29/2023		

12/19/24, 12:36 PM

Tc.columbia.edu Mail - Michael Darden, Medica.

283



Darden, Michael <mad2255@tc.columbia.edu>

bility, Application Form

Michael Darden, Medical Disability, Application Form

Darden, Michael <mad2255@tc.columbia.edu> To: tanita.lee@anthem.com Thu, Mar 16, 2023 at 1:48 PM

Hi Again, Ms. Lee:

As soon as possible, would you please email me a copy of the Anthem Medical Disability - Application so that I may send you back in a short while my completed, signed copy?

Thank you and take care,

Michael Michael Darden 917-868-8780 12/19/24, 7:08 PM

Tc.columbia.edu M.

wd: LT00403220/Michael Darden, Long-Term Disab.

.nthem Review Request, Attending Physician Sta...



Darden, Michael <mad2255@tc.columbia.edu>

Fwd: LT00403220/Michael Darden, Long-Term Disability, Anthem Review Request, Attending Physician Statement, Certification Form, completed, signed

Darden, Michael <mad2255@tc.columbia.edu> To: tanita.lee@anthem.com Thu, Mar 16, 2023 at 9:43 PM

Hi Once More, Ms. Lee:

Actually, THE ATTACHED FORM is my completed, Anthem "Attending Physician Statement" that you've requested, and as you can again see in the email chain below, I provided to one of your predecessors months ago, also around November 2022: Satisfactory?...

----- Forwarded message -----

From: Darden, Michael <mad2255@tc.columbia.edu>

Date: Fri, Nov 11, 2022, 7:56 PM

Subject: LT00403220/Michael Darden, Long-Term Disability, Anthem Review Request, Physician Certification Form,

completed, signed

To: Verrill, Deb < Deb. Verrill@anthem.com>

Cc: LDClaimsTeam@anthem.com>

Attached, please find the referenced completed, signed Form:

Satisfactory?

And per your recent voicemail, to confirm:

Is July 31, 2023, the final date on which my psychological LTD will be active, please?

If yes, then by what date must I provide you any further copies of my Medical Records, and what Medical Records must I provide you?

Thank you, take care and Good Weekend,

Michael Darden 917-868-8780

On Fri, Oct 28, 2022, 1:35 AM Darden, Michael <mad2255@tc.columbia.edu> wrote: You're welcome. Working on returning your Physician's Certification form soon.

Again, thanks very much and be well,

Michael Michael Darden 917-868-8780

On Wed, Oct 26, 2022, 10:49 AM Verrill, Deb < Deb. Verrill@anthem.com> wrote:

Hi there- yes, your benefits will continue and the new due date for information is 11/25/22.



A picture containing text, sign Description automatically generated

Deb Verrill, Disability Case Manager

Life & Disability Claims Operations

PO Box 105426

Atlanta, GA 30348

OFFICE: 470-784-1964|FAX: 800-850-0017

EMAIL: Deb.Verrill@anthem.com

From: Darden, Michael <mad2255@tc.columbia.edu>

Sent: Wednesday, October 26, 2022 11:56 AM To: Verrill, Deb < Deb. Verrill@anthem.com>

Subject: Re: {EXTERNAL} Fwd: LT00403220/Michael Darden, Long-Term Disability, Anthem Review Request 3

Hi:

You're welcome. Appreciate receiving your response below. To confirm:

Will my Long-Term Disability Payments continue without interruption while I complete these forms, or have them completed, signed and returned to you as soon as I possibly can, please?...

On Wed, Oct 26, 2022, 5:12 AM Verrill, Deb < Deb. Verrill@anthem.com> wrote:

Hi there,

Thank you,

Deb Verrill

12/19/24, 7:08 PM

Tc.columbia.edu N.

wd: LT00403220/Michael Darden, Long-Term Disab

.nthem Review Request, Attending Physician Sta...

286

A picture containing text, sign Description automatically generated

Deb Verrill, Disability Case Manager

Life & Disability Claims Operations

PO Box 105426

Atlanta, GA 30348

OFFICE: 470-784-1964|FAX: 800-850-0017

EMAIL: Deb.Verrill@anthem.com

From: Darden, Michael <mad2255@tc.columbia.edu>

Sent: Tuesday, October 25, 2022 4:51 PM To: Verrill, Deb <Deb.Verrill@anthem.com>

Cc: LDClaimsTeam <LDClaimsTeam@anthem.com>

Subject: {EXTERNAL} Fwd: LT00403220/Michael Darden, Long-Term Disability, Anthem Review Request 2

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Hi, Deb Verrill and Team:

As I mentioned per my voicemail yesterday, this is the first time that I have received the attached documents. I will attempt to complete them or have them completed, signed and returned to you as soon as I possibly can:

Satisfactory, please?

Thank you and take care,

Michael

Michael Darden

917-868-8780

--- Forwarded message -----

From: Verrill, Deb < Deb. Verrill@anthem.com>

Date: Tue, Oct 25, 2022, 10:31 AM Subject: LT00403220/Michael Darden

To: mad2255@tc.columbia.edu <mad2255@tc.columbia.edu>

Cc: LDClaimsTeam <LDClaimsTeam@anthem.com>

12/19/24, 7:08 PM

Tc.columbia.edu M.

wd: LT00403220/Michael Darden, Long-Term Disabi

nthem Review Request, Attending Physician Sta...

Hello,

Here is a copy of the letter sent to you on 9/8/22 and the forms that need to be completed. Please be sure this are returned within 30 days from the date of this letter.

Thank you,

Deb Verrill

Deb Verrill, Disability Case Manager

Life & Disability Claims Operations

PO Box 105426

Atlanta, GA 30348

OFFICE: 470-784-1964|FAX: 800-850-0017

EMAIL: Deb.Verrill@anthem.com

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12/19/24, 12:40 PM

Tc.columbia.edu

Medical Records Request, Anthem, Physical, Claim

cation, Determination Assessment, Long-Term D... 289



Darden, Michael <mad2255@tc.columbia.edu>

Medical Records Request, Anthem, Physical, Claim Application, Determination Assessment, Long-Term Disability, Michael Darden 1

Darden, Michael <mad2255@tc.columbia.edu> To: tanita.lee@anthem.com Tue, Mar 21, 2023 at 11:42 AM

Attached:

PART 1 OF 3 EMAIL TRANSMISSIONS

Satisfactory?

Thank you kindly, and take care,

Michael Michael Darden 917-868-8780

Medi-Cal Medical Records Request Doctors Dr. Gillean Maska Sharon UCSF Contra Costa Sleep Center Sutter Vestibular Therapy Michael Darden 1.pdf 20559K

Darden, Michael

290

Date: Nov 08, 2022 DOB: 05/05/1966, 56 year old Male Note No.38965203 Printed 12:16 PM Nov 15 2022 User Location: Innerspace Psychiatry

55 Santa Clara Ave, Ste 171, Oakland, CA 94610-1333
Tel: (510)541-2323
Fax: (510)97-7968
JOHN GILLEAN, M.D.

PSYCHIATRIC HISTORY & EXAM

HPI: "We've been good."

Client reports that he has experienced significant migraines a/w tinnitus and vertigo.

Has started an extensive workup and has undergone a trial of emgality and been referred to a CBT provider.

He has been seeing a neurotologist at UCSF.

He is also suing a former employer for ADA discrimination .

This has been an extremely stressful process for him.

His brother has been homeless in MD recently which has been quite stressful for him.

Despite the above stressors, client reports that he is "hanging in there."

He will be travelling to MD to visit his mother for her 89th birthday.

Med updates:
Started on emgality.
General:
General: well nourished, well hydrated, no acute distress
Psychiatric:
Speech: NRRT
Thought Process/Abstrect Reasoning: linear, GD
Associations: depressive
Abnormal thoughts: no PI, no SI/HI/VI
Judgement & Insight: intact
Mental Status Exam:
Orientation: oriented to time, place, and person
Memory: intact for rocent and remote events
Attention: attends to tasks normally
Speech/Language: expressive and receptive communications

Speech/Language: expressive and receptive communications skills are WNL Fund of knowledge: demonstrates good fund of knowledge

Mood & Affect: "hanging in there," depressed, anxious Comments: affect and TP/TC are appropriate

PRESCRIPTIONS

clonazepam 0.5 mg tablet. Take 1 tablet(s) by oral route , dailyPRN anxiety , for 30 days , 30 Tablet &refills: 1 — Reviewed CURES Diagnosis: [F43.23]

trazodone 50 mg tablet, Take 1-2 tablet(s) by oral route , qHSPRN Insomnia , for 30 days , 60 Tablet &refilis: 2 Diagnosis: [F32.2]

bupropion HCI XL 300 mg 24 hr tablet, extended release. Take 1 tablet(s) by oral route , 1 time per day , for 30 days , 30 Tablet &refills: 2

Diagnosis: [F32.2]

mirtazapine 15 mg tablet. Take 1 tablet(e) by oral route , qHS times per day , for 30 days , 30 Tablet &refills: 2 Diagnosis: [F32.2]

ALLERGIES

Penicillins - rash

PROCEDURES

Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropr [99214]

Related Diagnosis:

ICD Code

ICD Description

ICD Code	ICD Description 291
F32.2	Major depressive disorder, single episode, severe without psychotic features - patient remains grossly stable on his current regimen, although symptoms continue to cause moderately significant functional impairment.
F43.23	Adjustment disorder with mixed anxiety and depressed mood - exacerbated recently by situational stressors; continues to utilize clonazepam prn with benefit.

AXIS & PLAN

Major depressive disorder, single episode, severe without psychotic features - patient remains grossly stable on his current regimen, although symptoms continue to cause moderately significant functional impairment. [F32.2] (Axisl)

Plan: Continue bupropion XL 300mg daily and trazodone 50-100mg qHSPRN for insomnia, mirtazapine 7.5-15mg qHSPRN for insomnia; continue weekly psychotherapy with Penny; maintain SDI.

[99214] OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPR

Adjustment disorder with mixed anxiety and depressed mood - exacerbated recently by situational stressors; continues to utilize clonazepam prn with benefit. [F43.23] (Axisl) Plan: Continue clonazepam 0.5mg dailyPRN for anxiety.

[99214] OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPR

SIGNATURE

This note has not yet been signed.

If required, you can add an addendum to it.

If required, you can add a patient annotation to it.



Darden, Michael

292

Date: Jul 01, 2022 DOB: 05/05/1966, Male Note No.38104418 Printed 12:56 AM Jul 27 2022 User Location: Innerspace Psy ce Psychiatry Innerspace Psychiatry 55 Santa Clara Ave, Ste 171, Oakland, CA 94610-1333 Tel: (510)541-2323 Fex: (510)907-906 JOHN GILLEAN, M.D.

PSYCHIATRIC HISTORY & EXAM

HPI: "I'm doing OK."

Client reports relative stability on his current med regimen.

He continues to experience moderately significant symptoms although he feels he is managing basic ADLs well.

He is motivated to continue his current med regimen from which he continue to report a benefit.

He is sleeping relatively well.

He continues to express moderate concern about his mother,

He continues to report concerns about his son with whom he has a strained relationship.

General:

General: well nourished, well hydrated, no acute distress

Psychiatric: Speech: NRRT

Thought Process/Abstract Reasoning: linear, GD Associations: depressive

Abnormal thoughts: no PI, no SI/HI/VI

Judgement & Insight: intact

Mental Status Exam:

Orientation: oriented to time, place, and person

Memory: intact for recent and remote events

Attention: attends to tasks normally

Speech/Language: expressive and receptive communications skills are WNL

Fund of knowledge: demonstrates good fund of knowledge

Mood & Affect: "OK," depressed, anxious Comments: affect and TP/TC are appropriate

PRESCRIPTIONS

trazodone 50 mg tablet, Take 1-2 tablet(s) by oral route , qHSPRN insomnia , for 30 days , 60 Tablet &refills: 2

bupropion HCI XL 300 mg 24 hr tablet, extended release, Take 1 tablet(s) by oral route , 1 time per day , for 30 days , 30 Tablet &refills: 2

Diagnosis: [F32.2]

ALLERGIES

Penicillins - rash

PROCEDURES

Related Diagnosis:

Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropr [99214]

ICD Code	ICD Description
F32.2	Major depressive disorder, single episode, severe without psychotic features - patient remains grossly stable on his current regimen, although symptoms continue to cause moderately significant functional impairment.
F43.23	Adjustment disorder with mixed anxiety and depressed mood - continues to utilize clonazepam prn with benefit.

AXIS & PLAN

Major depressive disorder, single episode, severe without psychotic features - patient remains grossly stable on his current regimen, although symptoms continue to cause moderately significant functional impairment. [F32.2] (Axisl) Plan: Continue bupropion XL 300mg daily and trazodone 50-100mg qHSPRN for insomnla, mirtazapine 7.5-15mg qHSPRN for insomnia; continue weekly psychotherapy with Penny; maintain SDL

[99214] OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT,

[99214] OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPR

[99214] OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPR

Adjustment disorder with mixed anxiety and depressed mood - continues to utilize clonazepam pm with benefit. [F43.23] (Axisl)

Plan: Continue clonazepam 0.5mg dailyPRN for anxiety.

[99214] OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPR

[99214] OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPR

SIGNATURE

This note has been electronically signed by JOHN GILLEAN, M.D. on 12:56 AM Jul 27 2022.

Tree Style

If required, you can add an addendum to it.
If required, you can add a patient annotation to it.

Darden, Michael

294

Date: Apr 12, 2022 DOB: 05/05/1966, Male Note No.37237959 Printed 1:51 PM Apr 12 2022 User Location: Innerspace Psi e Psychiatry

Innerspace Psychiatry
55 Santa Clara Ave, Ste 171, Oakland, CA 94610-1333
Tel: (510)541-2323
Fax: (510)907-7966
JOHN GILLEAN, M.D.

PSYCHIATRIC HISTORY & EXAM

HPI: "A little better, but today is a klonopin day."

Patient reports that he has experienced some exacerbation of his anxiety symptoms in light of multiple external stressors today. He has taken a clonazepam already today to manage this increase in anxiety

He has been utilizing mirtazapine in combination with trazodone some nights with benefit.

He reports that many nights, he benefit from trazodone alone.

He continues to feel guite distressed by managing his mother's care from across the country.

He notes that she has recovered from COVID but suffered some cognitive decline that he attributes to isolation during her infectious

She lost about 10 lbs d/t diminished feeding.

Since her return to the nursing home milieu, she has somewhat rapidly recovered and seems to be doing quite well.

He also reports that his brother continues to behave in a hostile way towards him which exacerbates the already delicate situation with his mother

Travelling to MD to visit his mother for Easter this weekend.

Was taking Qulipta for migraines but found it to make frim dizzier - continues to be followed by neurology for vestibular migraines.

General:

General: well nourished, well hydrated, no acute distress

Psychiatric;

Speech: NRRT
Thought Process/Abstract Reasoning: linear, GD

Associations: depressive

Abnormal thoughts: no PI, no SI/HI/VI Judgement & Insight: intact

Mental Status Exam:

Orientation: oriented to time, place, and person

Memory: intact for recent and remote events Attention: attends to tasks normally

Speech/Language: expressive and receptive communications skills are WNL

Fund of knowledge: demonstrates good fund of knowledge Mood & Affect: "A little better," depressed, anxious

Comments: affect and TP/TC are appropriate

PRESCRIPTIONS

bupropion HCI XL 300 mg 24 hr tablet, extended release. Take 1 tablet(s) by oral route , 1 time per day , for 30 days , 30 Tablet

&refills: 2

Diagnosis: [F32.2]

clonazegam 0.5 mg tablet. Take 1 tablet(s) by oral route, dailyPRN anxiety, for 30 days, 30 Tablet &refills: 1 -- Reviewed CURES Diagnosis: [F43.23]

ALLERGIES

Penicillins - rash

Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropr [99214]

Related Diagnosis:

ICD Code

ICD Description

ICD Code	ICD Description 295
F32.2	Major depressive disorder, single episode, severe without psychotic features - patient continues to exhibit severe depressive symptomology in light of external stressors; some improvement in sleep quality with addition of mirtazapine pm. continue to report at least a partial benefit from bupropion.
F43.23	Adjustment disorder with mixed anxiety and depressed mood - continues to find a need for clonazepam somewhat regularly to manage anxiety symptoms.

AXIS & PLAN

Major depressive disorder, single episode, severe without psychotic features - patient continues to exhibit severe depressive symptomology in light of external stressors; some improvement in sleep quality with addition of mirtazapine prn. continue to report at least a partial benefit from bupropion, [F32.2] (Axist)

Plan: Continue bupropion XL 300mg daily and trazodone 50-100mg qHSPRN for insomnia, mirtazapine 7.5-15mg qHSPRN for

insomnia; continue weekly psychotherapy with Penny; maintain SDI.

[99214] OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT,

[99214] OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPR

Adjustment disorder with mixed anxiety and depressed mood - continues to find a need for clonazepam somewhat regularly to manage anxiety symptoms. [F43.23] (Axisi)
Plan: Continue clonazepam 0.5mg dailyPRN for anxiety.

[99214] OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPR

SIGNATURE

This note has been electronically signed by JOHN GILLEAN, M.D. on 1:51 PM Apr 12 2022.



If required, you can add an addendum to it.
If required, you can add a patient annotation to it.

296



Market Consultation

Need Physician's Response

Physician's Name: JOHN ALEXANDER GELEAN Potient's Name: MCHAELDARDEN Account#: a184050

Today's Date: 04/12/2022 Telephone: (917) 868-6780 Fax: (510) 907-7966

On behalf of the U.S. Department of Education, we are in the process of reviewing an application for a total and permanent disability discharge of the above includes student loan obligations. You completed "Section 4: Physiolan's Certification" of the enclosed discharge application. However, some required information was incomplete or unclear. We are not able to complete the process for this borrower until we receive the information identified below from you.

To ensure timely processing of the above individual's application, we request that you correct the information on the enclosed discharge application, initial your corrections and return this letter along with the corrected application to us no latter than 06/11/2022.

Our fax number is 303,696,5250

if you have questions about this notification, contact us immediately.

The information we need you to fax to us is as follows:

 Please review Section 4: Question 5 and provide the applicant's diagnosis. We are unable to accept insurance codes or abbreviations as a diagnosis.

Neinet Total and Permanent Disability Servicer

2022/0	4/12 08:37:26	2 /2	297
Applicant Name Michael Darden		Applicant SSN	3104050
SECTION 4: PHYSICIAN'S CERTIFICATION		Appendix 254	310-1030
Print legibly and initial any changes. Return the form to the applicant or representative. Applicant identification 1. Provide the below information regarding the individual whom you are completing this Section: Name Michael Darden	al for sympt	oms that have only ble treatments.	licant's impairment, se of the impairment epressive and anxiety partially responded to
Date of Birth 5/5/1968 Medically Determinable Physical or Mental Impairment 2. Does the applicant have a medically determinable phymental Impairment that prevents the applicant from engaging in any substantial gainful activity? Substantial gainful activity means a level of work performed for pay or profit that involves doing signific physical or mental activities or a combination of both applicant is able to engage in any substantial gainful a in any field of work, you must enswer "No". [x]Yes - Continue to item 3.	Attach addition for the control of t	ow the condition preven- any substantial gainful ac lonal pages if needed. In uude additional informati- ng the applicant's condition sed to treat the condition ons on sitting, standing, v	ctivity in any field of work. The "NA" if not applicable, on you believe is helpful in on, such as medications or n. walking, or lifting:
No - Do not complete this application. Severity/Duration of Physical or Mental Impairment 1. Is the applicant's impairment expected to result in dest	Applica state in his residual Applica Semmus Applica Applica Colast tend to of his r	his energy level, m nicate offectively wi functionality: ant can manage his basic tasks of daily partner.	ct his ability to focus, anage complex tasks, the others own finances and y living with the suppo
No - Do not complete this application.	10. Social/be	havioral limitations (if any	yh:
Disabling Condition	Pitticulty	/ communicating wi	ith others effectively
Do not use insurance codes or abbreviations.	que to a	nxiety and mood sy	mptoms.
Provide your diagnosis of the applicant's Impaliment: Mejor depressive disorder, severe; adjus disorder with depression and analety	iment 48	sessment Function Score	(for psychiatric conditions):
Physician's Certification			
I certify that, in my best professional judgment, the applican impairment consistent with my responses in items 2 through	identified in Item 1 has	a medically determinable	e physical or mental
I understand that an applicant who is currently able to enga and permanent disability as defined on this form.	je in <u>anv</u> substantial gat	nful activity in <u>any</u> field o	f work does not have a total
am a doctor of: Xmedicine osteopathy/osteopati	lc medicine		
College	141657		
		ubject to verification; star	mn k accordable)
if you are licensed to practice in American Samoa, Puerto Ric Micronesia, or Palau, attach a copy of your professional license			ands, the Marshall blands,
John Son	05/04/2022	John A Gille	ean
Physician's Signature (a stamp is not acceptable)	Date (mm-dd-yyyy)		(First, Middle, Last)
	jgillean@inners	pacepsychiatry.com	510-541-2323
55 Santa Clara Ave, Sulte 171, Oakland, CA 94	Email 610		Telephone
Address (a stamp is acceptable)			510-907-7966
	Page 3 of 8		Fax
		SECURED BY	FAXIND.COM PAGE 2 O

12/27/22, 1:31 PM

Patient Portal - health > care summaries

PATRICIA SUZANNE MASKA, MD • 5601 NORRIS CANYON RD STE 240, SAN RAMON CA 2938-5407 DARDEN, Michael (id #10073, dob: 05/05/1966)

> PATRICIA S. MASKA, MD 5601 NORRIS CANYON RD STE 240 SAN RAMON, CA 94583-5407 Phone: (510) 748-5363, Fax: (925) 289-4975

Date: 12/09/2022

Dear Michael Darden,

The following is a summary of your visit today. If you have any questions, please contact our office.

Sincerely,

Patricia Maska, MD

Patient Care Summary for Michael Darden

Most Recent Encounter

12/09/2022 Patricia Suzanne Maska: 5601 Norris Canyon Rd Ste 240, San Ramon, CA 94583-5407, Ph. tel:+1-510-7485363

Reason for Visit

Migraine with aura; Vertigo; Periodic limb movement disorder; Obstructive sleep apnea syndrome

Assessment and Plan

The following list includes any diagnoses that were discussed at your visit.

- 1. Migraine with aura
- · migraine aura without a headache: care instructions
- Emgality Pen 120 mg/mL subcutaneous pen injector
- 2. Vertigo
- 3. Periodic limb movement disorder
- 4. Obstructive sleep apnea syndrome
- · sleep apnea: care instructions
- 5. Reactive depression (situational)
- 6. Suicidal thoughts
- · suicidal thoughts in a family member: care instructions

Discussion Note: None recorded.

Plan of Care Reminders Appointments	Telemedicine	on or around 02/09/2023	Provider Patricia Suzanne Maska, MD
Lab	None recorded.		
Referrel	None recorded.		
Procedures	None recorded.		

Patient Portal - health > care summaries

12/27/22, 1:31 PM

Reminders		***************************************	Provider		
Surgeries	None recorded.				**************
lmaging	None recorded.				
Current Medic	cations				
Your medical re	cord indicates you are on the fo	ollowing medicine. I	f this list is not consi	stent with the m	edications vou
are currently tak	ing, or if you are taking addition			ıform your prov	ider.
	. 300 mg 24 hr tablet, extended re BY MOUTH EVERY DAY	elease		Prescribed Date	Start Dato
cionazepam 0.5 r TAKE 1 TABLET	ng tablet BY ORAL ROUTE DAILY AS NEE	EDED FOR ANXIETY	•••••••••••••••••••••••••••••••••••••••		
Daily Multi-Vitami	n		***************************************		01/01/2021
	mg/mL subcutaneous pen inject month by subcutaneous route for			12/09/2022	
mirtazapine 15 m TAKE 1 TABLET(g tablet S) BY ORAL ROUTE AT BEDTIM	E FOR 30 DAYS	***************************************		•••••••••••••••••••••••••••••••••••••••
trazodone 50 mg TAKE 1-2 TABLE	tablet TS BY MOUTH AT BEDTIME AS	NEEDED FOR INSO!	MNIA		
Vone recorded. Vitals Velight 5 ft 5 in Stated	Weight 158 lbs With clothes	BM1 26.3 kg/m2	Blood Pressure 120/75 mm[Hg]	Puise 60 bpm	Pain Scale 9
Results ab Results					
None recorded.					
Allergies			-		
			if this list needs to be	updated.	
	our allergy list for accuracy. Co System Nam Pen		Reaction	Severity	Onset
Problems	System Nam Pen	9	Reaction	Severity Status Onset D	ate Source
Problems	System Nam Pen	9	Reaction	Status Onset D Active 11/01/2	ate Source 021
Problems tame Wigraine with Aur	System Nam Pen	9	Reaction	Severity Status Onset D	ate Source 021
Problems tame Migraine with Aun Vertigo	System Nam Pen	9	Reaction	Status Onset D Active 11/01/2	ato Source 021
Problems lame Migraine with Aur Vertigo	System Nam Pen	9	Reaction	Status Onset D Active 11/01/2	ato Source 021 021
Problems tame Vigraine with Aun Vertigo Headache	System Nam Pen	9	Reaction	Status Onset D Active 11/01/2 Active 11/01/2	ato Source 021 021 021
Problems tame Migraine with Aun Vertigo Headache Snoring	System Nam Pen	9	Reaction	Status Onset D Active 11/01/2 Active 11/01/2 Active 11/01/2	221 Source 2021 221 221 221 221 222 222 222

12/27/22, 1:31 PM

Patient Portal - health > care summaries

PATRICIA SUZANNE MASKA, MD • 5601 NORRIS CANYON RD STE 240, SAN RAMON CA 94583-5407 DARDEN, Michael (id #10073, dob: 05/05/1966)

Name	Status	Onset Date	Source
Nonspecific Paroxysmal Spell	Active	05/27/2022	
Obstructive Sleep Apnea Syndrome	Active	08/29/2022	
Periodic Limb Movement Disorder	Active	08/29/2022	
Elevated Blood-pressure Reading without Diagnosis of Hypertension	Active	08/29/2022	
Caregiver Role Strain	Active	08/29/2022	
Persistent Postural Perceptual Dizziness	Active	10/28/2022	
Migrainous Vertigo	Active	10/28/2022	
Reactive Depression (Situational)	Active	12/09/2022	

Procedures

None recorded.

Vaccine List

Here is a copy of your most up-to-date vaccination list. Vaccine Type
COV(D-19, mRNA, LNP-S, PF, 100 mcg/0.5 mL dose (Moderna) 08/26/2021

07/17/2021

Tobacco Smoking Status

Tobacco Smoking Status

Never Smoker

Past Encounters

Contact:

Migraine with Aura; Vertigo; Periodic Limb Movement Disorder, 12/09/2022 Obstructive Sleep Apnea Syndrome; Reactive Depression (Situational); Suicidal Thoughts

Patricia Suzanne Maska, MD: 5601 Norris Canyon Rd Ste 240, San Ramon, CA 94583-5407, Ph. (510) 748-5363

Demographics

Sex: Male DOB: 05/05/1966 Ethnicity: Race: Marital status: Not Hispanic or Latino Black or African American

Married English Preferred language:

Care Team Members

Primary Care Provider

Emanuel Vergis MD

595 Castro St, San Francisco, CA 94114, Ph. tel:+1-415-2910480

1801 Shoretine Dr, Apt 307, Alameda, CA 94501-6084, Ph. tel:+1-917-8688780

Referring Provider

Emanuel Vergis MD

595 Castro St, San Francisco, CA 94114, Ph. tel:+1-415-2910480

Plan of Trea Reminders	ment	Order Date	Submit Dato	Provider	301	Dotails
Appointment	s PSM telehealth 30	02/09/2023 11:00AM		Patricia Masi	ka, MD	
Lab	TSH, serum or plasma	10/28/2022	10/28/2022		Lab, 3850 Dakland, CA, 10) 225-1013	
	femtin, serum or plasma	10/28/2022	10/28/2022	One Medical Grand Ave, (94610, Ph (5		
Referral	sleep medicine referral - OSA. Pis eval for treatment options. EDS, suspected apneas. Per pt, OAT too expensive.	10/28/2022	10/28/2022	California Sie For Sieep Di Fransisco Ln Fremont, CA, (510) 263-33	sorders, 194 , Ste 204, , 94539, Ph	
	oral appliance & consult referral - Moderate OSA. Please eval for OAT.	08/29/2022	08/29/2022	Berkeley Hills 1760 Solano 309, Berkele 94707, Ph (5 9564	Ave, Ste y, CA,	
	neurotologist referral - Mulifiactorial: BPPV, migraine related vertigo, PPPD. Please eval.	08/29/2022		Ucsf Neurotol 2380 Sutter S Francisco, C (415) 353-27	st, San A, 94115, Ph	
	primary care provider referral - deferred to you for BP	08/29/2022		Emanuel Ven Castro St, Sa CA, 94114, P 0480	n Francisco,	
	vestibular therapy referral - Vestib rehab, vertigo can be positional. May have underlying PPPD and migrainous vertigo. Menandro.	02/03/2022		Alta Bates Su Outpatient Re And Vestibula 5700 Telegra Oakland, CA (510) 204-17	hab Center or Therapy, oph Ave.	
	nutrifonist/dietitian referral	02/03/2022	02/03/2022			
	None recorded.					
Surgerles	None recorded.					
lmaging	polysomrogram - Indeterminate HST. Suspect PLMS. Need to eval for OSA. Snoring, EDS. Pt can take trazodone, remeron, clonazepam pm.	05/27/2022		Contra Costa Center, 2121 Valley Rd, St Walnut Creek Ph (925) 935	Ygnacio e E-101, , CA, 94598,	
	MRI, brain + brain stern, w/o contrast - Involuntary motor activity during sleep	05/27/2022		Magnetic Ima (Mia), 5730 T Ave, Oakland 94609, Ph (5 2744	elegraph I, CA,	
		05/27/2022		Summit Media (Eeg Ekg Car Hawthome Av CA, 94609-3 (510) 869-65	dio), 350 re, Oakland, 108, Ph	
	home sleep study - EDS, suspected apneas. Michael may have OSA	12/16/2021		Contra Costa Center, 2121		

Valley Rd, Step 171, Walnut Creek, CA, 94598, Ph (925) 935-7667

			· ·· \/ · · · · · · · · · · · · · · · · · · ·
Medication Orders	Emgality Pen 120 mg/mL subcutaneous pen injector	12/09/2022 12/09/2022	CVS/Pharmacy #9255
	Emgality Pen 120 mg/mL subcutaneous pen injector	10/28/2022 10/28/2022	CVS/Pharmacy #9255
	Qulipta 30 mg tablet	03/24/2022 03/25/2022	CVS/Pharmacy #9255
	Qulipta 10 mg tablet	02/03/2022 02/03/2022	CVS/Pharmacy #9255
	Nurtec ODT 75 mg disintegrating tablet	11/01/2021 11/01/2021	CVS/Pharmacy #9255
Patient Targets Encounter Date 12/09/2022	ina	tructions	Goals
10/28/2022			
08/29/2022			
05/27/2022			
03/24/2022			
02/03/2022			
12/16/2021			
11/01/2021			

UCSF MyChart - Visit Summary

303

Name: Michael Darden | DOB: 5/5/1966 | MRN: 88487192 | PCP: Name Unknown Provider | Legal Name: Michael Darden

A Note to Patients: Symptoms are concisely summarized to inform treatment recommendations. For reasons of privacy and brevity, this note does not attempt to capture all experiences that were discussed.

Progress Notes

Jeffrey D Sharon at 10/11/2022 8:00 AM

Subjective

Michael Darden is a 56 y.o. male who presents with the following: **Chief Complaint**

Patient presents with

Dizziness

This is an initial visit consultation requested by None Per Patient Provider No address on file

HISTORY OF PRESENT ILLNESS:

Today I had the pleasure of seeing Michael Darden, who is a 56 y.o. male who was seen today in the Otology Clinic for evaluation and management of Dizziness

The symptoms began many years ago. Patient reports that his earliest recollection of vertigo symptoms was when he was 6-8 years old on a night where he had gone for ice cream with a family member, and when walking home looking up at the sky felt as though the moon was falling. He also recalls instances throughout his childhood where he wanted to lie down and would see spots through his vision, as well as sudden bouts of dizziness. to lie down and would see spots inrough his vision, as well as square bould of viziness. During his junior year of high school, he reports having a vertigo episode during a chemistry class which caused him to feel as if he was going to "fall on the floor". He then saw his PCP who prescribed him Antivert, though he was still having difficulty moving his head without dizziness. These symptoms gradually subsided throughout his time in college.

Shortly after college, he developed recurrence of dizziness. Throughout his years of young adulthood, his dizziness persisted and he eventually ended up seeing Dr. John Oas, whom patient states diagnosed him with a rare migraine form, noting that his inner ear balance system was malfunctioning. Patient notably suffered from high amounts of anxiety surrounding his dizziness, worried that he may never return back to normal. He says that he has been able to keep those thoughts and feelings at bay, but states that he has continued to feel that way for some time.

Over the last year and a half, he notes that he has being experiencing increased life stressors as his mother was diagnosed with dementia and he has been primarily responsible for setting up her care. He also has other family members who he takes care of. Patient was still working despite all of this, until he collapsed under the amount of stress. He reports that he is now not working, on disability, has generalized anxiety and depression for which he is currently taking medication.

In November 2021, his dizziness got much worse. He now endorses constant dizziness that varies in severity each day. He uses a pain scale from 1-10 in order to categorize this, noting that it varies between a 5-6/10 on a good day and 8-9/10 on a bad day. On a bad

UCSF MyChart - Visit Summan

day, he reports feeling a pinch before an episode, "sort of like there is a bug on pry body or somebody just pinched me", stating that immediately after he gets a heavy they spell. Other times he can hear a "whooshing sound", and immediately after will develop a headache. Associated symptoms include bilateral aural pressure, constant bilateral tinnitus, headache and aura. His symptoms are exacerbated by temperature changes, stress, busy visual scenes, barometric pressure changes and certain foods and beverages. He denies light and sound sensitivity. Of note, patient is most sensitive to barometric pressure changes as well as temperature changes, noting that his heavy dizziness can last up to 3 days.

Document 1

Additionally, patient reports moderate-severe headaches that occur 4 times per week. The headaches affect the entire head and are described as throbbing. He has continued to experience auras which begin at the start of a headache, noting that he sees snowfall-like spots, or spinning discs 4-5x per week that can last up to an hour. His headaches are exacerbated by axial head movements, busy visual scenes with motion such as driving in traffic. He denies nausea during a headache. To try and alleviate his headache he will sit or lie down, or converse with his husband.

Patient himself reports feeling that he intermittently hallucinates. He speaks of an instance where he was watching TV, where the TV began rocking side to side "like it was on a ship". He notes that he asked his husband whether the screen was rocking to which he replied no, though this is what it looked like to the patient. He states that something like this can happen 1-2x per week.

Treatments thus far include previous verapamil with no relief, previous Antivert with no relief, previous Depakote with no Improvement, previous vestibular physical therapy with no improvement, prior sleep study, meditation and calming exercises, dietary modifications with some improvement. More recently, he has tried Qulipta and Nurtec ODT as recommended by his neurologist, Dr. Patricia Maska, but he reports that his symptoms worsened seconds after, stating that he developed tightness of the head and exacerbated dizziness. After the initial exacerbation of symptoms, he continued to take Qulipta for a few days and noted some degree of Improvement to his dizziness, though not much.

Of note, patient's medical history includes generalized anxiety and depression, mitral valve prolapse, and no other conditions reported.

Otologic History:

	Ear Infections?	Ear Tubes	Ear Surgery
Right Ear	No	No	No
Left Ear	No	No	No

Hearing Loss Details:

Michael Darden has not experienced exposure to loud sounds. There is not a family history of non-age related hearing loss or a family history of vestibular disorders.

Vestibular Details:

There is not a history of accompanying symptoms that are commonly seen in Meniere's disease, such as unilateral aural fullness, unilateral tinnitus, or unilateral hearing loss during dizziness.

There is a history suggestive of BPPV, with spinning vertigo that occurs a few seconds after provocative positions such as rolling over in bed, and then subsides over a few minutes.

There is a personal history of migraine headaches. There is a possible family history of migraines in his mother.

There is a history of migrainous symptoms during dizzy spells, including light sensitivity, sound sensitivity, or headaches.

UCSF MyChart - Visit Summary

There is a history of motion sensitivity.

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There is not a history of symptoms typical for superior canal dehiscence syndrome, including autophony, hearing bodily sounds such as eyeballs moving, pulsatile tinnitus, or vertigo induced by loud sounds or coughing/sneezing/straining.

Regarding other physiologic systems that aid in balance: Vision: Normal

Muscle strength: Normal

Proprioception/sensation: Normal

There is a history of anxiety and depression. There is not a history of head trauma. There is not a history of unexplained falls.

Allergies/Contraindications Allergen • Penicillins

Reactions

Medications the patient states to be taking prior to today's encounter.

Medication	Sig
buPROPion (WELLBUTRIN XL) 300 mg 24 hr tablet	Take 300 mg by mouth daily
clonazePAM (KLONOPIN) 0.5 mg tablet	clonazepam 0.5 mg tablet TAKE 1 TABLET(S) BY ORAL ROUTE , DAILY AS NEEDED ANXIETY , FOR 30 DAYS
mirtazzpine (REMERON) 15 mg tablet	mirtazapine 15 mg tablet TAKE 1 TABLET(S) BY ORAL ROUTE AT BEDTIME TIMES PER DAY, FOR 30 DAYS
multivitamin tablet	Take 1 tablet by mouth daily
traZODone (DESYREL) 50 mg tablet	trazodone 50 mg tablet TAKE 1-2 TABLET(S) BY ORAL ROUTE, AT BEDTIME AS NEEDED INSOMNIA, FOR 30 DAYS

Past Medical History:

Diagnosis Anxiety Date

- Depression Mitral valve disease

Surgical History

No past surgical history on file.

Family History Problem	Relation	Name	Age of
Diabetes Dementia Heart failure	Mother Mother Father		Onset

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Social History

Tobacco Use

· Smoking status: **Never Smoker** Smokeless tobacco: **Never Used**

Substance and Sexual Activity

· Alcohol use: Never • Drug use: Never

Review of Systems:

A comprehensive 14-point review of systems was documented in the new patient questionnaire and reviewed. Please see this and HPI.

All other systems were reviewed and are negative.

Objective

Vitals

10/11/22 0805

PainSc:

There is no height or weight on file to calculate BMI.

PHYSICAL EXAM:

Constitutional:

The patient is normally developed and has no obvious deformities. he is in no distress.

Ears, nose, mouth and throat:

Voice is normal.

We were able to communicate well in English There were no lesions of the head or face.

There was no sinus tendemess.

Salivary gland contours were normal.

The patient is wearing a surgical mask, therefore due to COVID some of the exam is deferred.

Otologic and Neurotologic Exam:

The auricles had no lesions.

Tuning fork testing at 512 Hz:

The tuning fork in air (Schwabach test) is heard on either side with no preference.

Weber tuning fork test on the skull is heard without preference.

Rinne tuning fork testing (where normal is air conduction (AC) being heard > bone

conduction (BC)): On the right side: AC > BC On the left side: AC > BC

Otoscopic examination:

On the right side:

The external auditory canal is patent.
Cerumen is obstructing and was removed today.
Skin of the external auditory canal is healthy.

The tympanic membrane is in good condition/position and appears mobile. The middle ear is well aerated.

On the left side:

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The external auditory canal is patent. Cerumen is obstructing and was removed today. Skin of the external auditory canal is healthy. 307 The tympanic membrane is in good condition/position and appears mobile. The middle ear is well aerated.

Oculomotor examination:

Primary gaze alignment was normal. Extraocular movements were conjugate and full. Smooth pursuit was intact and normal appearing for age.
Saccades were promptly initiated, were accurate, and of normal velocity. Vergence was intact for near-target viewing.

Vestibular examination:

There was no spontaneous or gaze-evoked nystagmus.

The visual-vestibulo-ocular reflexes elicited by slow horizontal, vertical, and roll head movements were normal.

Head impulse testing: The vestibulo-ocular reflexes were elicited by rapid, rotary head impulses (head thrusts) in the planes of the horizontal semicircular canals. Results were:

Side	Horizontal Canal
Right	occasional catch up
L	saccades
Left	clear catch up saccades
1	each time

The vestibulo-ocular reflexes for head thrusts were also tested in the planes of the vertical semicircular canals. Results were:

Side	Superior Canal	Posterior Canal
Right	catch up saccades	normal
Left	catch up saccades	normal

Neurologic examination

On neurological examination, he was awake, alert, and fully criented.

Mood and affect were normal.

Cranial nerves: CIX, CX, and CXII testing was deferred due to COVID.

II: Visual acuity not examined, grossly normal

III, IV, VI: Normal extraocular movements

V: Normal facial sensation bilaterally

VII: Facial muscle strength appeared normal and symmetric, without spasms or synkinesis.

VIII: See above for tuning fork and head impulse testing XI: Normal and symmetric shoulder shrug and head turn

The patient arose from a chair and ambulated without difficulty.

Cerebellar examination showed normal finger to nose to finger movements, fine finger movements, rapid alternating hand movements, and heel-knee-shin movements.

Other organ systems

Neck: The neck had full range of motion, midline trachea, and no thyromegaly. Respiratory: Respiratory excursions demonstrated symmetric expansions without use of accessory muscles.

Lymphatic: There was no cervical or supractavicular adenopathy.

Skin: The skin was appropriately warm and dry. Psychiatric: Mood and affect were normal.

Dix Hallpike: Right: negative UCSF MyChart - Visit Summary

Left: negative

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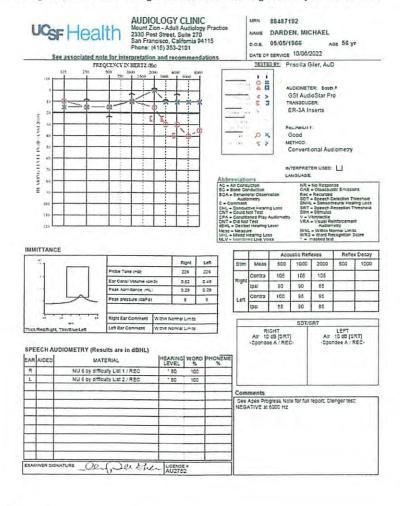
Functional Balance Testing (timed balance tests)

- Romberg feet together arms crossed eyes open: 15 seconds
- Romberg feet together arms crossed eyes closed: 15 seconds
- -Romberg eyes open tandem gait: Able to perform

REVIEW OF PRIOR TESTING:

Audiogram:

Review of audiometric testing from 10/6/2022 shows High frequency sensorineural hearing loss, unilateral for the right ear and normal hearing sensitivity for the left ear. :



Imaging: MRI Brain (performed on 7/11/2022):

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MRI of the brain on 7/11/2022 9:58 AM

COMPARISON: Non-

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CLINICAL HISTORY: Involuntary motor activity during sleep

TECHNIQUE:

Brain: segittal T1, axial T2 FSE, axial T1, axial diffusion, segittal 3-D FLAIR cube, axial Swan sequences of the brain were obtained.

FINDINGS: The ventricles and the cerebral suice are normal in size. Small scattered primarily deep and periventricular foci of FLAIR hyperintensity are present, compatible with very mild chronic small vessel ischemia. No evidence of T2 hyperintensity is seen in the

No evidence of an acute infarct is seen. No definite blood product is identified. No evidence of a discrete large mass is seen.

The visualized paranasal sinuses and the mastoid air cells are well-aerated.

IMPRESSION:

- Very mild chronic small vessel ischemia.
 No evidence of an acute infarct.

CT: not performed

Assessment and Plan

IMPRESSION:

Assessment/Plan

Vestibular hypofunction, unspecified laterality

Referral to Balance Center - VNG; Future

Vestibular migraine

Referral to Balance Center - VNG; Future

Mr. Michael Darden is a 56 y.o. male with a history of generalized depression and anxiety, obstructive sleep apnea, and mitral valve prolapse, who has a history of vertigo and feeling hallucinations where the world is moving, shaking, swaying in some way or another for as long as he can remember. His earliest memory was the moon falling. Together with that, he gets frequent headaches which can be moderate-severe, throbbing, and stop him from doing daily activities, associated frequently with seeing spots, which can be sparkly spots in his vision which last for minutes to an hour at the onset of a headache. He does not have light and sound sensitivity with either vertigo or headaches. He has seen quite a few physicians for this over the years including a few neurologists, and did have a VNG test at some point which he recalls made him feel terrible, and he was told that there were some abnormalities on it. This was performed by Dr. Oas in the 90's. He has tried some medications including verapamil which did not seem to help, Depakote which did not seem to help; more recently he has been treated with Nurtec ODT and Qulipta which initially made the dizziness worse, and the Qulipta made it better after a period of time, but it is unclear what the total of its effects were, but it was not clearly in the positive direction. He has also tried physical therapy for the balance system, and he has also tried lifestyle changes to try and decrease stress amongst other things. Currently, things that can trigger or worsen the dizziness which is there every day in some degree is, stress, barometric pressure changes, busy visual scenes, traffic, grocery stores, certain foods, and a poor night's sleep. On our exam, we do see some deficiency of the vestibuloocular reflex, especially on the left-sided vestibulo-ocular reflex. He did have an audiogram which showed a slight asymmetry in his hearing between the two ears at high frequencies with the right ear being worse. He also had more than one MR, which have failed to show abnormalities.

made him feel terrible in the past, but the other portions of the testing will provide us with more insight as to how the vestibular system is functioning, plus how the brain is responding to the changes, as well as the migraine side of things. I explained that the 10 treatments are a bit different for the vestibular side of things compared to the brain side of things, and the migraine side of things. In the interim, I recommended that he consider cognitive behavioral therapy, as stress and anxiety are ever-present for him. As such, I have provided patient with Linda Centore's contact information.

I explained that we know that there is a weakness of the left vestibular system, which is our first diagnosis. In terms of other diagnoses, he would meet the criteria for Persistent Postural-Perceptual Dizziness (PPPD), and vestibular migraine, though I am unsure about whether he would meet the official criteria, because he does not have light and sound sensitivity with his headaches, nor nausea. I do believe that he has vestibular migraine, and explained that the criteria does not necessarily change my mind about this. I explained to patient that while he would not qualify for the Émgality clinical trial given the above criteria, however dependent on the testing we may be able to consider this in the future, as the medication is FDA approved.

For now, we will proceed with VNG testing. At our next visit, we can determine whether we want to try migraine medications, or trial some newer vestibular migraine therapies. I explained to patient that he should have someone drive him to the VNG testing, which he expressed understanding of. I have provided him with an informational handout further detailing vestibular migraine. Patient is in agreement with this plan, and all questions were answered today.

FOLLOW-UP: 3 months or earlier if symptoms change, fail to improve, worsen, or if any additional questions need to be answered.

Jeffrey D. Sharon, MD

I, Alexis Garcia-Velasquez am acting as a scribe for services provided by Jeffrey D Sharon, MD on 10/11/2022 8:17 AM

The above scribed documentation as annotated by me accurately reflects the services I have provided. Jeffrey D Sharon, MD 10/13/2022 3:45 PM

Patient Instructions

Jeffrey D Sharon at 10/11/2022 8:00 AM

The website for Linda Centore PhD is http://www.lindacentore.com/. Through the site, you contact her directly for an appointment.

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Name: Michael Darden | DOB: 5/5/1966 | MRN: 88487192 | PCP: Name Unknown Provider

A Note to Patients: Symptoms are concisely summarized to inform treatment recommendations. For reasons of privacy and brevity, this note does not attempt to capture all experiences that were discussed.

Progress Notes

Min Kyeong Kim at 10/27/2022 2:00 PM

Attestation signed by Michelle Kristine Deblauw at 11/7/2022 10:14 AM

My date of service is 10/27/2022. I have reviewed the note of Min Kyeong Kim dated 10/27/2022, and I agree with the findings and care plans as documented.

Michelle DeBlauw, Au.D. Clinical Audiologist

UCSF Balance and Falls Center

2380 Sutter St., First Floor San Francisco, CA 94115-0340 Phone: (415) 353-2101 Fax: (415) 353-2883

Patient: Michael Darden MR Number: 88487192 Date of Birth: 5/5/1966 Date of Service: 10/27/2022

Primary MD: Name Unknown Provider Referring MD: Sharon, Jeffrey D, MD

Rendering Prov.: Michelle Kristine Deblauw, AUD

VESTIBULAR EVALUATION

HISTORY:

Michael Darden a 56 y.o. male was seen at the University of California San Francisco Balance and Falls Center in the Division of Audiology for a Vestibular / Balance evaluation. Mr. Darden presented to clinic today with the following history:

Chief Complaint

- Problem: Rocking and spinning sensation beginning many years ago.
- Symptoms: Michael Darden is a 56 y.o. male seen today for a vestibular/ balance evaluation due to vertigo, tinnitus, and imbalance.

Today, the patient characterized dizziness as "constant feeling of imbalance, rocking, spinning sensation along with the ringing sounds (especially in his right ear) and visual sports floating occasionally". Denied family history of non-age related hearing loss or a family history of vestibular disorders.

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Below is the case history is taken from notes on 10/11/22 from visit with Dr. Sharon in OHNS:

The symptoms began many years ago. Patient reports that his earliest recollection of vertigo symptoms was when he was 6-8 years old on a night where he had gone for ice cream with a family member, and when walking home looking up at the sky felt as though the moon was falling. He also recalls instances throughout his childhood where he wanted to lie down and would see spots through his vision, as well as sudden bouts of dizziness. During his junior year of high school, he reports having a vertigo episode during a chemistry class which caused him to feel as if he was going to "fall on the floor". He then saw his PCP who prescribed him Antivert, though he was still having difficulty moving his head without dizziness. These symptoms gradually subsided throughout his time in college.

Shortly after college, he developed recurrence of dizziness. Throughout his years of young adulthood, his dizziness persisted and he eventually ended up seeing Dr. John Oas, whom patient states diagnosed him with a rare migraine form, noting that his inner ear balance system was malfunctioning. Patient notably suffered from high amounts of anxiety surrounding his dizziness, worried that he may never return back to normal. He says that he has been able to keep those thoughts and feelings at bay, but states that he has continued to feel that way for some time.

Over the last year and a half, he notes that he has being experiencing increased life stressors as his mother was diagnosed with dementia and he has been primarily responsible for setting up her care. He also has other family members who he takes care of. Patient was still working despite all of this, until he collapsed under the amount of stress. He reports that he is now not working, on disability, has generalized anxiety and depression for which he is currently taking medication.

In November 2021, his dizziness got much worse. He now endorses constant dizziness that varies in severity each day. He uses a pain scale from 1-10 in order to categorize this, noting that it varies between a 5-6/10 on a good day and 8-9/10 on a bad day. On a bad day, he reports feeling a pinch before an episode, "sort of like there is a bug on my body or somebody just pinched me", stating that immediately after he gets a heavy dizzy spell. Other times he can hear a "whooshing sound", and immediately after will develop a headache. Associated symptoms include bilateral aural pressure, constant bilateral tinnitus, headache and aura. His symptoms are exacerbated by temperature changes, stress, busy visual scenes, barometric pressure changes and certain foods and beverages. He denies light and sound sensitivity. Of note, patient is most sensitive to barometric pressure changes as well as temperature changes, noting that his heavy dizziness can last up to 3 days.

Additionally, patient reports moderate-severe headaches that occur 4 times per week. The headaches affect the entire head and are described as throbbing. He has continued to experience auras which begin at the start of a headache, noting that he sees snowfallike spots, or spinning discs 4-5x per week that can last up to an hour. His headaches are exacerbated by axial head movements, busy visual scenes with motion such as driving in traffic. He denies nausea during a headache. To try and alleviate his headache he will sit or lie down, or converse with his husband.

Patient himself reports feeling that he intermittently hallucinates. He speaks of an instance where he was watching TV, where the TV began rocking side to side "like it was

on a ship". He notes that he asked his husband whether the screen was rocking to thick he replied no, though this is what it looked like to the patient. He states that something like this can happen 1-2x per week.

Treatments thus far include previous verapamil with no relief, previous Antivert with no relief, previous Depakote with no improvement, previous vestibular physical therapy with no improvement, prior sleep study, meditation and calming exercises, dietary modifications with some improvement. More recently, he has tried Qulipta and Nurtec ODT as recommended by his neurologist, Dr. Patricia Maska, but he reports that his symptoms worsened seconds after, stating that he developed tightness of the head and exacerbated dizziness. After the initial exacerbation of symptoms, he continued to take Qulipta for a few days and noted some degree of improvement to his dizziness, though not much.

Of note, patient's medical history includes generalized anxiety and depression, mitral valve prolapse, and no other conditions reported.

Patient has a history of generalized depression and anxiety, obstructive sleep apnea, and mitral valve prolapse, who has a history of vertigo and feeling hallucinations where the world is moving, shaking, swaying in some way or another for as long as he can remember. His earliest memory was the moon falling. Together with that, he gets frequent headaches which can be moderate-severe, throbbing, and stop him from doing daily activities, associated frequently with seeing spots, which can be sparkly spots in his vision which last for minutes to an hour at the onset of a headache. He does not have light and sound sensitivity with either vertigo or headaches. He has seen quite a few physicians for this over the years including a few neurologists, and did have a VNG test at some point which he recalls made him feel terrible, and he was told that there were some abnormalities on it. This was performed by Dr. Oas in the 90's. He has tried some medications including verapamil which did not seem to help, Depakote which did not seem to help; more recently he has been treated with Nurtec ODT and Qulipta which initially made the dizziness worse, and the Qulipta made it better after a period of time, but it is unclear what the total of its effects were, but it was not clearly in the positive direction. He has also tried physical therapy for the balance system, and he has also tried lifestyle changes to try and decrease stress amongst other things. Currently, things that can trigger or worsen the dizziness which is there every day in some degree is, stress, barometric pressure changes, busy visual scenes, traffic, grocery stores, certain foods, and a poor night's sleep. On our exam, we do see some deficiency of the vestibulo-ocular reflex, especially on the left-sided vestibulo-ocular reflex. He did have an audiogram which showed a slight asymmetry in his hearing between the two ears at high frequencies with the right ear being worse. He also had more than one MR, which have failed to show abnormalities.

- Duration of symptoms: Constant.
- Recurrent episodes: Yes, everyday constant.
- In between episodes: No asymptomatic periods
- True vertigo: Yes, spinning sensation both room and himself.
- History of falls: No
- Nausea and/or vomiting: No, but nauseous.
- Precipitating/ exacerbating factors: Stress, barometric pressure changes, busy scenes, some spicy food.
- Alleviates symptoms: Meditation, anti-anxiety medications
- Previous treatment(s): Meditation, anti-anxiety/vertigo/migrane medication, vestibular therapy
- . History of migraines: Yes, personal history of migraine headaches. Also has a history of migrainous symptoms during dizzy spells, including light sensitivity, sound sensitivity,

or headaches. There is a possible family history of migraines in his mother. 314

Ear and Hearing History:

- . Loss of hearing: Audiogram dated 10/6/2022 showing right sided mild high frequency sensorineural hearing loss and left sided normal hearing sensitivity. There is a 15-30 dB asymmetry R>L from 2000-8000 Hz.
- . Tinnitus: Yes in the right
- Pressure / fullness in the ear(s): Present everyday, vary by the severity.
- · Ear infections, earaches, or ear pain: No
- . Hole in the eardrum: No
- Ear operations / surgery: No
- · Noise exposure: No.
- Fluctuant hearing with episodes: No, but bothered by tinnitus
- Otologic symptoms associated with episodes: Yes tinnitus and aural fuliness would onset when the episodes take place.

Additional Medical History:

There is no problem list on file for this patient.

Past Medical History:

Diagnosis

Date

- Anxiety
- Depression
- · Mitral valve disease

Mr. Darden reportedly did not take medications within 48 hours of testing, and did not consume alcohol or caffeine within 24 hours of testing.

DIZZINESS HANDICAP INVENTORY:

The Dizziness Handicap Inventory (DHI) is a useful measure designed to evaluate the selfperceived handicapping effects imposed by a patient's dizziness. Mr. Darden scored a 100 on the DHI, suggesting a severe handicap.

AUDIOLOGIC EVALUATION: *For internal providers see audiogram in PROCEDURES tab. For external providers see attached audiogram.

- Otoscopic Evaluation:
 - · Right Ear: TM visualized
 - · Left Ear: TM visualized

VESTIBULAR RESULTS: See below for test details. Vestibular data available upon request, or can be viewed in SCANNED DOCUMENTS.

IMPRESSIONS:

- 1. PERIPHERAL: Post-headshake nystagmus is a peripheral finding. In isolation, clinical significance is unknown. Normal VNG, VHIT, Rotary Chair, cVEMP, and oVEMP bilaterally. No other peripheral vestibular indications noted.
- 2. CENTRAL: High gain during visual enhancement is a central findings. Of note, this results may be seen in those with migraine and/or motion sensitivity. No other central indications noted.
- 3. BPPV: There were no objective indications for Benign Paroxysmal Positional Vertigo.

RECOMMENDATIONS:

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- 1. Results to referring physician for review and further recommendations.
- 2. The patient would be considered an appropriate candidate for a vestibular and balance rehabilitation.
- 3. Recommended patient consider tinnitus clinic.

VESTIBULAR SUBTEST RESULTS:

	Normal	Abnormal	Comments
GAZE W/ FIXATION	Х		
GAZE W/O FIXATION	х	<u> </u>	
SACCADES	Х		
VISUAL PURSUIT	Х		
OPTOKINETICS	X		
HEAD SHAKE		X	LBN 2d/s
DIX-HALLPIKE TESTS:		 	
Right	Х		
Left	X		

CANALITH REPOSITIONING PROCEDURES: None indicated

POSITIONS (STATIC) with Vision Removed:

	Normai	Abnormal	
Supine	X		
Head Right	X		
Head Left	X		
30 Degree Incline	X		

RBN = Right-beating nystagmus LBN = Left-beating nystagmus

UBN = Up-beating nystagmus DBN = Down-beating nystagmus

Patient decline caloric testing as he has previously done it and did not want to do this again due to discomfort.

ROTARY CHAIR:

1	Normal	Abnormal	Comments
SINUSOIDALS			
Gain	X	1	
Phase	X		
Symmetry	X		
Visual Enhancement		X	High gain at 0.08 Hz.
Visual Suppression	X		
TRAPEZOIDALS			
100 dps			
Gain	Х		Rightward rotation: 0.68 Leftward rotation: 0.665
			Symmetry: 1.12% higher rightward gain
Time Constant	Х		Rightward rotation: 12.075 s Leftward rotation: 20.185 s
			Symmetry: 25.14% higher leftward time constant

1		(<30% asymmetry is conside@d 6	
		normal)	

Video Head Impulse Testing (vHIT):

	Normal	Abnormal	Comments
Gain			
Right Lateral	X		
Left Lateral	X		
Right Anterior	Х		
Left Anterior	Х		
Right Posterior	X		
Left Posterior	Х		

^{*}Note, we do not consider gain to be abnormal unless otherwise noted. High gain likely due to goggle slippage.

Carried Vestibuler Funked Mungania Detected (C-VEMD):

	Normal	Abnormal	Comments
PEAK TO PEAK AMPLITUDE (uV)			
Right	X		204.8 μV
Left	X		240.0 μV
LATENCY (msec)			
Right	X		P1: 14 ms
			N1: 19.33 ms
Left	X		P1: 13.33 ms
			N1: 19.67 ms
THRESHOLDS (dBnHL)			
Right	X		80 dBnHL
Left	X		80 dBnHL
Interaural Amplitude Asymmetry Ratio	х		8% stronger right response (<35% asymmetry is considered normal; 10% stronger right response noted with EMG scaling which is still a normal response)

Ocular Vestibular Evoked Myogenic Potential (O-VEMP):

	Normal	Abnormal	Comments
PEAK-TO-PEAK AMPLITUDE (uV)			
Right	X		5.973 μV
Left	X		7.948 µV
LATENCY (msec)			
Right	Х		N1: 10.33 ms P1: 14.33 ms
Left	X		N1: 11.00 ms P1: 14.33 ms
Interaural Amplitude Asymmetry Ratio	×		14% stronger right response (<35% asymmetry is considered normal; 21% stronger left response noted with EMG scaling which is still a normal response).

		317
4000 Hz		V.1.
Right	X	
Left	X	

Today's results and treatment plan were discussed with the patient with regard to their specific complaints. The patient was given the opportunity to ask questions and was answered appropriately.

Min Kyeong Kim, B.S RPE Audiologist #16800

Future Appointments

Date	Time	Provider	Department	Center
10/27/2022	2:00 PM	Michelle Kristine Deblauw, AUD	BALSO1	All Practice
1/31/2023	1:40 PM	Jeffrey D Sharon, MD	OHNS OTO	All Practice

CC: Name Unknown Provider, Sharon, Jeffrey D, MD;

Min Kyeong Kim at 10/27/2022 2:00 PM Please see note from same date.

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alls Center physicians?

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How does your tinnitus interfere with your activities?
Concentration: Completaly.
Work/Chores: Completely.
Family: Completely.
Religious Activities: Completely.
Social/Recreation: Completely.
Exercise: Completely.
Sleep: Completely.
Does the tinnitus prevent you from falling asleep? Sometimes.
Does the tinnitus awaken you from sleep? Sometimes. Are you able to fall back asleep, once awakened? sometimes.
Are you able to fall back asleep, once awakened? someomes.
Other: My finnitus ruins the quality of my life and robs me of a decent quality of life.
Do you have a hearing loss?Yos (in my right ear)No
Which is more of a problem for you, the hearing difficulty or your tinnitus?
Hearing difficultyNot sure
Have you been exposed to loud noise?YesNo If so, when?
Military service
Work
Recreation (Over about a decade or 2 ago, I rarely stood near loud speakers for 1-2 hours, during music concerts or parties.) Other:
Do you wear ear protection in the presence of loud sounds? Yes Vno If yes, how often do you wear ear protection? No applicable: I'm rarely in the presence of loud sounds.
Have you ever worn a hearing aid? Yes Yes No No No
If you are a hearing aid user, how does the hearing aid affect your tinnitus? Not applicable. Makes tinnitus softer Makes tinnitus louder No effect
Are you adversely affected by loud sounds? Yes
How would your life be different if you didn't have tinnitus?
Have you discussed your tinnitus with friends or family members? Yes No What was their reaction? Pity empathy and frustration concerning the intractability of my tinnitus.
Are there other family members or friends who suffer from timitus?Yes
Do you live alone?

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Treatment History:

Please list all evaluations and/or treatments (including psychiatric, psychological, MRI, CT scan, etc.) you have had for your timitus. Please include the names of the specialists who have performed evaluations or treatments, and the approximate dates on which they were performed, using the reverse side, if necessary.

	Provider	What was done?	Date	Result
I.	Princille Glier, Audiclogist, UCSF	Audiology Test	10/6/2022	Milkf, high-frequency hearing loss in right ear (which is also the ear in which I brokesty hear constant ricology
2.	Jeffrey Sharon, MD, Otoneurologist, UCSF	Extendration (initial) of Vestitular System Function history (including firefus propiose)	10/11/2022	Recommended referred to Unite Contone, Phil. Countilive Behandored Therapy, for "Craftor" related employ injectment
3.	Michello Kristine Debtauer, Audiologist, UCSP Seferose and Peth Cambor	Punction bistory (including the first principles)	********	Recommended referrel to "Onnibus clinic"
4.	Linda Cantore, PhD, Cognitive Behavioral Trecopy (CBT), UCSF	initial Consultation for disposeed Vestibular Migrins-and Timitus-school probety	11/1/2022	Recommended providing repeal calcaing music, constantly, to other constant egy-rincing sounds
5.	Linda Centore, PhD, CST, UCSF	Follow-up consultation (as above)	12/6/2022	Recommended same eclirity as shove, and also providing myself frequent access to my favorite scents, to offset my facus or constant ear-droping

you currently take for tinnitus: None. Not applicable. None in the property of the property o					
Dose How often? Does it help? Doctor					
	ledication	Dose	How often?	Does it help?	Dector
1 1					
1					

nat other medications ha	eve you tried in the	past for tinnitus	relief? None. Not app	
Medication	Dose	How often?	Does it help?	Stopped (Why)
	 			
				
	ļ			
				1

Please list all other medic	ations you current	ly take:		
Medication	Dose	How.often?	Purpose?	Doctor
BUPROPEO (WELLBUTKIN XL)	300 mg 24 fy table	Thicks SCO mg by mouth	Depression	John Gilleon, MD (psychistry)
COOKENPAM (RECOMOPIN)	Q.5 mg tubbut	TAKE 1 TABLET(S) BY OF	AL ROUTE, DAILY AS NEEDED AN	NETY . FOR 30 DAYS: Dr. GEREN
mitszapine (REMERCIO	15 mg tublet	TAKE 1 TABLET(S) BY O	AL ROUTE AT BEDTIME PER DAY, A	S NEEDED ANODETY, Dr. GMean
traZODona (DESYREL)	50 mg tables	TAKE 1-2 TABLET(S) BY	DRAL ROUTE, AT BEDTIME AS NEE	DED INSOMBIA; Dr. GReen
Engality Peo	120 mg/ml sokullun	TAKE 1 SHOTPER MON	TH Milgration	Patricia Mastra, MD (neurology)

7 Rev. 07/2021 Using the number codes below, please indicate the results of those treatments you have tried for your tinnitus. If you have not tried a given treatment, please place an "NA" in the blank for that treatment.

NA_Surgery	NA Acupuncture
NA_Drug Therapy	Massage
NA Hearing aids	MA Homeopathy
NA Masking therapy	NA Biofeedback
	NA Chiropractic
2 Not much ntidenressants 2.80	and retail for Tirretain Relaxation training or hypnosis
Timitus, Exercise programas	xne reset for Thrance Psychotherapy or other counseling
NA Dental NA forte	and need to Tanata Psychotherapy or other counseling and Department Dietary Management or nutrition counseling Department Marian
Other: Cognitive Behavior	orial Therapy; 2: Some roles
	Yes No I am on Long-Term Disability
Are you employed?	YesNo I am on Long-Term Disability
Number of hours per week	Not aplicable.
What is your occupation? _	
Are you satisfied?	
If not employed, is your une	employment due to tinnitus?
Please check all items that a	are applicable to you:
Poor health for mu	
History of middle	ear disease
History of Meniere	e's disease
History of Otoscle	
History of facial pa	ain/numbness or paralysis
History of labrynth	
History of mastoid	
History of ear surg	gery
Migraine headache	
Hyperventilation s	
Hypertension (high	h blood pressure)
Cancer	
Dizziness/imbalan	ice or vertigo
Arthritis	
Heart disease	
Depression	
Increased use of a	
Fair to poor dietar	y habits
Moderate to exces	ssive use of caffeine substances (cola, coffee, chocolate)
Low back pain	
Whiplash or neck	iniury
	DV CHANGE IN DOSILION
Tinnitus is altered	ed mobility of the neck

Significant headaches	
Headaches that change	with bead movement

Tenderness/pain in the jaw area with or without chewing
Clenching or grinding of teeth

Limitation and/or pain with mouth opening or movement side to side
History of clicking/locking/popping of the jaw
Personal of family history of diabetes alcoholism/hypoglycemia (circle)
Personal or family history of hyperthyroid, hypothyroid or autoimmune disease
Personal or family history of any type of hyperlipidemia
Personal or family history of inhalant or food allergies
History of Epstein-Barr virus, cytomegalovirus, or hepatitis (circle)
History of excessive X-ray exposure around the head and neck
Poor thyroid or parathyroid function
Lyme disease

TINNITUS FUNCTIONAL INDEX

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oday \$ Date						У	our Na	me		MICHA	el Dard	en en		
	Month / Day / Year							Please Print						
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2	5. How DEPRESSED were yo	u beca	use o	fyou	r tinn	itus?				_	_					
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Name: Michael Darden | DOB: 1966 | MRN: 88487192 | PCP: Name Unknown Provider | Legal Name: Michael Darden

A Note to Patients: Symptoms are concisely summarized to inform treatment recommendations. For reasons of privacy and brevity, this note does not attempt to capture all experiences that were discussed.

Progress Notes

Jeffrey D Sharon at 1/31/2023 1:40 PM

Subjective

This is a follow-up visit for Michael Darden, a 56 y.o. male who was seen today in the Otology Clinic for follow up of:

Chief Complaint

Patient presents with

· follow up

ASSESSMENT AND PLAN FROM LAST VISIT ON 10/11/2022:

Mr. Michael Darden is a 56 y.o. male with a history of generalized depression and anxiety, obstructive sleep apnea, and mitral valve prolapse, who has a history of vertigo and feeling hallucinations where the world is moving, shaking, swaying in some way or another for as long as he can remember. His earliest memory was the moon falling. Together with that, he gets frequent headaches which can be moderate-severe, throbbing, and stop him from doing daily activities, associated frequently with seeing spots, which can be sparkly spots in his vision which last for minutes to an hour at the onset of a headache. He does not have light and sound sensitivity with either vertigo or headaches. He has seen quite a few physicians for this over the years including a few neurologists, and did have a VNG test at some point which he recalls made him feel terrible, and he was told that there were some abnormalities on it. This was performed by Dr. Oas in the 90's. He has tried some medications including verapamil which did not seem to help, Depakote which did not seem to help; more recently he has been treated with Nurtec ODT and Qulipta which initially made the dizziness worse, and the Qulipta made it better after a period of time, but it is unclear what the total of its effects were, but it was not clearly in the positive direction. He has also tried physical therapy for the balance system, and he has also tried lifestyle changes to try and decrease stress amongst other things. Currently, things that can trigger or worsen the dizziness which is there every day in some degree is, stress, barometric pressure changes, busy visual scenes, traffic, grocery stores, certain foods, and a poor night's sleep. On our exam, we do see some deficiency of the vestibuloocular reflex, especially on the left-sided vestibulo-ocular reflex. He did have an audiogram which showed a slight asymmetry in his hearing between the two ears at high frequencies with the right ear being worse. He also had more than one MR, which have failed to show abnormalities.

I discussed with patient today that it would be worthwhile for us to better understand his vestibular system, whether it be through VEMP testing, rotary chair testing, and vHIT testing. I reassured patient that we do not need to obtain repeat caloric testing which has made him feel terrible in the past, but the other portions of the testing will provide us with more insight as to how the vestibular system is functioning, plus how the brain is

responding to the changes, as well as the migraine side of things. I explained that the treatments are a bit different for the vestibular side of things compared to the brain side of things, and the migraine side of things. In the interim, I recommended that he consider cognitive behavioral therapy, as stress and anxiety are ever-present for him. As such, I have provided patient with Linda Centore's contact information.

I explained that we know that there is a weakness of the left vestibular system, which is our first diagnosis. In terms of other diagnoses, he would meet the criteria for Persistent Postural-Perceptual Dizziness (PPPD), and vestibular migraine, though I am unsure about whether he would meet the official criteria, because he does not have light and sound sensitivity with his headaches, nor nausea. I do believe that he has vestibular migraine, and explained that the criteria does not necessarily change my mind about this. I explained to patient that while he would not qualify for the Emgality clinical trial given the above criteria, however dependent on the testing we may be able to consider this in the future, as the medication is FDA approved.

For now, we will proceed with VNG testing. At our next visit, we can determine whether we want to try migraine medications, or trial some newer vestibular migraine therapies. I explained to patient that he should have someone drive him to the VNG testing, which he expressed understanding of. I have provided him with an informational handout further detailing vestibular migraine. Patient is in agreement with this plan, and all questions were answered today.

HISTORY OF PRESENT ILLNESS:

Since then, he has seen worsening in his overall condition.

Today, he reports that he wasn't able to sleep well last due to spinning sensations that he feels as well as tinnitus. On his pain scale, the symptoms have been at a 7-9/10 which is very high for him. He feels that the worsening occurred 4-5 days ago and peaked last night, seemingly concurrent with the temperature drop. He noticed some additional bouts of symptoms a few weeks ago when it was raining. His last headache was on 1/29/2023 as his symptoms worsened. He did not experience light or sound sensitivity with the headache. He denies a history of migraine headaches. Additionally, his neurologist started him on Emgality, and he is now at the 3 month mark of use. He feels that his symptoms haven't gotten worse but haven't dramatically improved either.

Treatments thus far include current bupropion 300 mg daily, current Klonopin 0.5 mg PRN, current Remeron 15 mg PRN, current trazodone 50 mg PRN, currently Emgality 120 mg/mL subq once monthly, previous verapamil with no relief, previous Antivert with no relief, previous Depakote with no improvement, previous vestibular physical therapy with no improvement, prior sleep study, meditation and calming exercises, dietary modifications with some improvement. More recently, he has tried Qulipta and Nurtec ODT as recommended by his neurologist, Dr. Patricia Maska, but he reports that his symptoms worsened seconds after, stating that he developed tightness of the head and exacerbated dizziness. After the initial exacerbation of symptoms, he continued to take Qulipta for a few days and noted some degree of improvement to his dizziness, though not much.

Allergies/Contraindications

Allergen

Reactions

Penicillins

Medications 1	he patient states to	be taking prior to today	r's encounter.
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Medication	Sig
 buPROPion (WELLBUTRIN XL) 300 mg 24 hr tablet 	Take 300 mg by mouth daily
clonazePAM (KLONOPIN) 0.5 mg tablet	clonazepam 0.5 mg tablet TAKE 1 TABLET(S) BY ORAL ROUTE , DAILY AS NEEDED ANXIETY , FOR 30 DAYS
 EMGALITY PEN 120 mg/mL injection pen 	Inject 1 mL under the skin every 30 (thirty) days
 mirtazapine (REMERON) 15 mg tablet 	mirtazapine 15 mg tablet TAKE 1 TABLET(S) BY ORAL ROUTE AT BEDTIME TIMES PER DAY, FOR 30 DAYS
multivitamin tablet	Take 1 tablet by mouth daily
 traZODone (DESYREL) 50 mg tablet 	trazodone 50 mg tablet TAKE 1-2 TABLET(S) BY ORAL ROUTE, AT BEDTIME AS NEEDED INSOMNIA, FOR 30 DAYS

Past Medical History:

Diagnosis

Date

- Anxiety
- Depression
- Mitral valve disease

Surgical History

No past surgical history on file.

Family History

Problem Relation Name Age of Onset

• Diabetes Mother

• Dementia Mother

• Heart failure Father

Social History

Tobacco Use

Smoking status: Never
 Smokeless tobacco: Never
 Substance and Sexual Activity

• Alcohol use: Never

• Drug use: Never

Review of Systems:

A comprehensive 14-point review of systems was documented in the new patient questionnaire and reviewed. Please see this and HPI.

All other systems were reviewed and are negative.

Objective

Vitals

01/31/23 1340

O

PainSc:

There is no height or weight on file to calculate BMI.

PHYSICAL EXAM:

Constitutional:

The patient is normally developed and has no obvious deformities. he is in no distress.

Ears, nose, mouth and throat:

Voice is normal.

We were able to communicate well in English

There were no lesions of the head or face.

There was no sinus tenderness.

Salivary gland contours were normal.

The patient is wearing a surgical mask, therefore due to COVID some of the exam is deferred.

Otologic and Neurotologic Exam:

The auricles had no lesions.

Oculomotor examination:

Primary gaze alignment was normal.

Extraocular movements were conjugate and full.

Smooth pursuit was intact and normal appearing for age.

Saccades were promptly initiated, were accurate, and of normal velocity.

Vergence was intact for near-target viewing.

Vestibular examination:

There was no spontaneous or gaze-evoked nystagmus.

The visual-vestibulo-ocular reflexes elicited by slow horizontal, vertical, and roll head movements were normal.

Head impulse testing: The vestibulo-ocular reflexes were elicited by rapid, rotary head impulses (head thrusts) in the planes of the horizontal semicircular canals. Results were:

Side	Horizontal Canal
Right	normal
Left	catch up saccades

The vestibulo-ocular reflexes for head thrusts were also tested in the planes of the vertical semicircular canals. Results were:

		7	
Side	Superior Canal	Posterior Canal	
Right	normal	normal	
Left	normal	normal	

Neurologic:

On neurological examination, he was awake, alert, and fully oriented. Mood and affect were normal.

Cranial nerves II through XII were intact with the exception of any hearing or balance abnormalities noted elsewhere. CIX, CX, and CXII testing was deferred due to COVID. The patient arose from a chair and ambulated without difficulty.

Psychiatric: Mood and affect were normal.

Other organ systems

Neck: The neck had full range of motion, midline trachea, and no thyromegaly. Respiratory: Respiratory excursions demonstrated symmetric expansions without use of accessory muscles.

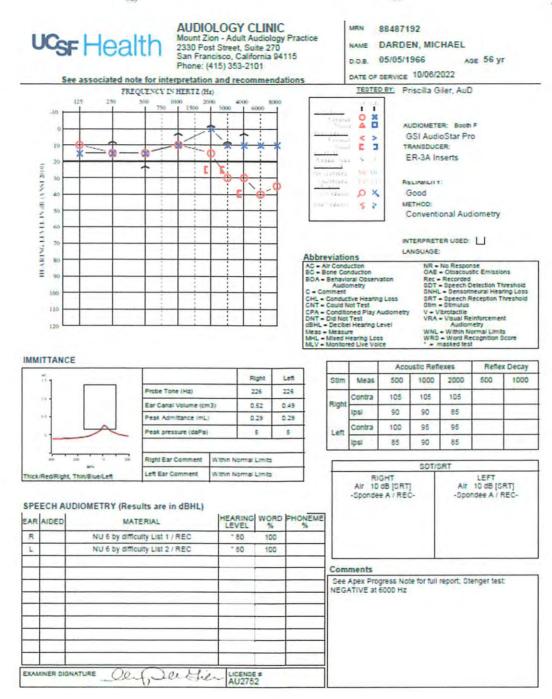
Lymphatic: There was no cervical or supraclavicular adenopathy.

Skin: The skin was appropriately warm and dry.

REVIEW OF PRIOR TESTING:

Audiogram:

Review of audiometric testing from 10/6/2022 shows High frequency sensorineural hearing loss, unilateral for the right ear and normal hearing sensitivity for the left ear. :



Vestibular Testing (performed on 10/27/2022):

VNG: Grossly within normal limits for age, accounting for the fact that vestibular testing often shows minor abnormalities that are likely related to attention and testing techniques and not to true pathology

VESTIBULAR SUBTEST RESULTS:

	Normal	Abnormal	Comments
GAZE W/ FIXATION	X		
GAZE W/O FIXATION	X		
SACCADES	X		
VISUAL PURSUIT	X		
OPTOKINETICS	X		
HEAD SHAKE		X	LBN 2d/s
DIX-HALLPIKE TESTS:			

Right	X	
Left	X	

CANALITH REPOSITIONING PROCEDURES: None indicated

POSITIONS (STATIC) with Vision Removed:

	Normal	Abnormal	
Supine	X		
Head Right	X		
Head Left	X		
30 Degree Incline	X		

RBN = Right-beating nystagmus LBN = Left-beating nystagmus

UBN = Up-beating nystagmus DBN = Down-beating nystagmus

Patient decline caloric testing as he has previously done it and did not want to do this again due to discomfort.

Rotary Chair Testing: Grossly within normal limits for age, accounting for the fact that vestibular testing often shows minor abnormalities that are likely related to attention and testing techniques and not to true pathology

ROTARY CHAIR:

	Normal	Abnormal	Comments
SINUSOIDALS			
Gain	X		
Phase	X		
Symmetry	X		
Visual Enhancement		X	High gain at 0.08 Hz.
Visual Suppression	X		
TRAPEZOIDALS			
100 dps			
Gain	Х		Rightward rotation: 0.68 Leftward rotation: 0.665 Symmetry: 1.12% higher rightward gain
Time Constant	X		Rightward rotation: 12.075 s Leftward rotation: 20.185 s Symmetry: 25.14% higher leftward time constant (<30% asymmetry is considered normal)

VEMP testing: Grossly within normal limits for age, accounting for the fact that vestibular testing often shows minor abnormalities that are likely related to attention and

testing techniques and not to true pathology. Note that for VEMP testing, we do not consider an absent VEMP to be abnormal in the presence of a conductive hearing loss, or after age 50.

Cervical Vestibular Evoked Myogenic Potential (C-VEMP):

	Normal	Abnormal	Comments
PEAK TO PEAK AMPLITUDE (uV)			
Right	X		204.8 μV
Left	X		240.0 µV
LATENCY (msec)			
Right	X		P1: 14 ms N1: 19.33 ms
Left	X		P1: 13.33 ms N1: 19.67 ms
THRESHOLDS (dBnHL)			
Right	X		80 dBnHL
Left	X		80 dBnHL
Interaural Amplitude Asymmetry Ratio	X		8% stronger right response (<35% asymmetry is considered normal; 10% stronger right response noted with EMG scaling which is still a normal response)

Ocular Vestibular Evoked Myogenic Potential (O-VEMP):

	Normal	Abnormal	Comments
PEAK-TO-PEAK AMPLITUDE (uV)			
	V		E 070 - M
Right	X		5.973 μV
Left	X		7.948 µV
LATENCY (msec)			
Right	X		N1: 10.33 ms
			P1: 14.33 ms
Left	X		N1: 11.00 ms
			P1: 14.33 ms
Interaural Amplitude Asymmetry Ratio	Х		14% stronger right response (<35% asymmetry is considered normal; 21% stronger left response noted with EMG scaling which is still a normal response).
4000 Hz			
Right	X		
Left	X		

vHIT testing: Grossly within normal limits for age, accounting for the fact that vestibular testing often shows minor abnormalities that are likely related to attention and testing techniques and not to true pathology

Video Head Impulse Testing (vHIT):

	Normal	Abnormal	Comments
Gain			
Right Lateral	X		
Left Lateral	X		
Right Anterior	X		
Left Anterior	X		
Right Posterior	X		
Left Posterior	X		

^{*}Note, we do not consider gain to be abnormal unless otherwise noted. High gain likely due to goggle slippage.

Imaging:

MRI Brain (performed on 7/11/2022):

MRI of the brain on 7/11/2022 9:58 AM

COMPARISON: None

CLINICAL HISTORY: Involuntary motor activity during sleep

TECHNIQUE:

3 1

Brain: sagittal T1, axial T2 FSE, axial T1, axial diffusion, sagittal 3-D FLAIR cube, axial Swan sequences of the brain were obtained.

FINDINGS: The ventricles and the cerebral sulci are normal in size. Small scattered primarily deep and periventricular foci of FLAIR hyperintensity are present, compatible with very mild chronic small vessel ischemia. No evidence of T2 hyperintensity is seen in the cerebellum.

No evidence of an acute infarct is seen. No definite blood product is identified. No evidence of a discrete large mass is seen.

The visualized paranasal sinuses and the mastoid air cells are well-aerated.

IMPRESSION:

- 1. Very mild chronic small vessel ischemia.
- 2. No evidence of an acute infarct.

CT: not performed

Assessment and Plan

IMPRESSION:

Assessment/Plan

Mr. Michael Darden is a 56 y.o. male a history of generalized depression and anxiety, obstructive sleep apnea, and mitral valve prolapse, who was seen in follow up for vertigo and feeling hallucinations where the world is moving, shaking, swaying in some way or another for as long as he can remember. Today, he has seen a recent exacerbation in his symptoms including spinning sensations and tinnitus as of 4-5 days ago, which have a high severity of 7-9/10. He did have one headache on 1/29/2023 with no associated light or sound sensitivity. His neurologist started him on Emgality 3 months ago and he reports no worsening or improvement of his symptoms since he has been on this. On examination today, catch up saccades were visible in the left horizontal canal, but were otherwise normal in the other canals. We reviewed his VNG testing, which was largely normal.

I had a lengthy discussion with patient today regarding treatment options. We reviewed that his VNG testing was very reassuring, however, based on my examination today there is some weakness in the left horizontal canal. As such, vestibular physical therapy would be a very reasonable treatment option. As he is now on Emgality, we discussed that we could wait to give it more time, or try adding in other medications. He is currently on some medications that share some of the same mechanisms of action with medications that we use as anti-migraine preventatives such as SNRI's or tricyclics like nortriptyline or Effexor. The issue is that they can overlap a bit with Wellbutrin and cause increased serotonin, which is risky. As such, we could consider other medications that do not overlap, such as verapamil which is a calcium channel blocker. As he recalls taking this many years ago without any improvement, we would refrain from that also. Our other option is considering the use of an anti-seizure medication such as Topamax, which he has not tried. I reviewed that he would need to monitor his electrolyte levels while on this medication. We discussed that there is a potential risk approximately a third of the time of cognitive side effects (forgetfulness or slow thinking) that normally do not persist once the medication is discontinued. He is understanding of this.

I explained to patient that we can wait a few month months to see if he notices improvement with the Emgality, and I can write a prescription for the Topamax which he can take only if he feels that he is not seeing improvement from the Emgality alone. If he begins seeing improvement, he does not need to take this. Patient was in agreement with this, and I have prescribed Topamax 25 mg to be taken once daily, slowly up-titrating to BID if needed. I have provided him with a handout fully detailing the medication today. He is not interested in pursuing vestibular physical therapy for now. Pertaining to his tinnitus, I explained that there are not any medications that are available to treat this, but the hope is that getting his dizziness to improve with also help to decrease the tinnitus. He is understanding of this and we will follow up in 3 months.

FOLLOW-UP: 3 months or earlier if symptoms change, fail to improve, worsen, or if any additional questions need to be answered.

Jeffrey D. Sharon, MD

I, Alexis Garcia-Velasquez am acting as a scribe for services provided by Jeffrey D Sharon, MD on 1/31/2023 2:14 PM

The above scribed documentation as annotated by me accurately reflects the services I have provided.

Jeffrey D Sharon, MD

2/1/2023 2:42 PM

Patient Instructions

Jeffrey D Sharon at 1/31/2023 1:40 PM

Topamax, whose chemical name is Topiramate, is an anticonvulsant medication, which means that it was designed to treat seizures. However, in addition to its use in preventing

seizures, Topamax has also been approved by the FDA for migraine prophylaxis. Since we believe that dizziness is one of many possible migraine manifestations, we are using Topamax for this purpose. Like all medications, Topamax can have side effects, which are detailed below. Because of the risk of changes in the body's acid/base levels, it is recommended to get some bloodwork done before starting Topamax, and every few months while on the medication. That lab test is called a BMP, and is also known as a Chem 7. The dose required must be tailored to the patient, however a common starting point is 50 mg taken twice daily. However, with starting this medication, and also with stopping it, there must be a gradual increase in the dose. This is achieved by starting with 25 mg in the evening for 1 week, 25 mg twice daily for 1 week, 25 mg in the morning and 50 mg in the evening for 1 week, and then 50 mg twice daily. Sometimes 100 mg twice daily is required. It is important that you monitor yourself for any side effects, which are listed below. Also, if you choose to stop therapy, it is better to slowly go down on the dose rather than abruptly stopping the medication, and you can follow the reverse of the schedule listed above.

Topamax is generally not recommended if you have a history of kidney stones, acid/base problems, kidney problems, glaucoma, if you are taking Diamox, if you have liver or bone problems, or if you are pregnant.

Side Effects.

Common

- **Dermatologic:** Flushing (pediatrics, 5%)
- Endocrine metabolic:Serum bicarbonate level abnormal (25% to 67%)
- Gastrointestinal:Loss of appetite (10% to 24%), Weight decreased (4% to 21%)
- Immunologic: Infectious disease (2% to 8%)
- Neurologic: Confusion (3% to 11%), Dizziness (4% to 25%), Impaired cognition (2% to 7%), Impaired psychomotor performance (2% to 13%), Memory impairment (3% to 12%), Paresthesia (1% to 51%), Reduced concentration span (2% to 10%), Somnolence (6% to 29%)
- Psychiatric: Feeling nervous (4% to 16%), Mood disorder (4% to 11%)
- Other: Fatigue (6% to 16%), Fever (1% to 12%)

1. Serious

- Dermatologic: Erythema multiforme, Stevens-Johnson syndrome, Toxic epidermal necrolysis
- Endocrine metabolic:Hyperammonemia (Adolescents, 26%), Hypohidrosis, Increased body temperature, Metabolic acidosis
- Hepatic: Liver failure
- **Neurologic:** Drug-induced encephalopathy
- Ophthalmic: Glaucoma, Myopia, Visual field defect (epilepsy, 0.1% to 1%)
- Psychiatric: Suicidal thoughts
- Renal: Nephrolithiasis (adults, 1% to 3%)

All drug information obtained from Micromedex.

Many medications for dizziness have side effects that require monitoring, such as changes in blood pressure, electrolytes, liver tests, or cardiac rhythm. Therefore, if you are on this medication longer than 3 months, we insist that you make an appointment with your primary care physician, and let them know that you have started a new medication, and ask them to help monitor for any side effects. If you are unwilling or

unable to do so, please let us know immediately. Of course, please let us know about any side effects immediately as well.

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Our Physicians:

Michael L. Cohen, M.D. Harry J. MacDannald, M.D.



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Website: www.ccsleepcenter.com Email: info@ccsleepcenter.com

340 Our Locations:

(Main location)
2121 Ygnacio Valley Rd,
Bldg E, Ste 101
Walnut Creek, CA 94598
(Satellite location)
141 Sand Creek Rd, Unit B,
Brentwood, CA 94513

OVERNIGHT POLYSOMNOGRAPHY REPORT

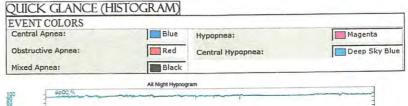
PATIENT: DOB: Darden, Michael 5/5/1966 ACQ#: DATE OF STUDY: 71952 7/14/2022

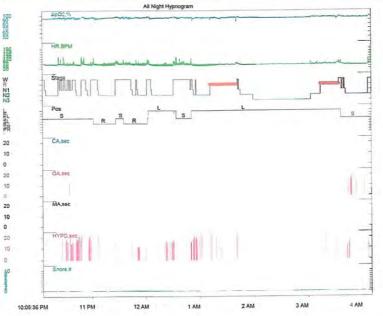
REFERRING PHYSICIAN: Patricia S. Maska, M.D.

CONSULTING PHYSICIAN: Michael L. Cohen, M.D.

Tel: 5107485363 Fax: 9252894975

OLUCIA CLANCE AUCTOCDANO





REM (%): 17.5 %

Darden, Michael **PSG** 7/14/2022 MD050566 Quick Glance STATS (sleep summary and vital statistics) **SLEEP SUMMARY** 65.0 in. 160.0 lbs Study Start Time: 9:57:54 Lights Off Time: 10:05:36 PM Study End Time: 4:10:18 Lights On Time: 4:10:06 AM AM Total Study Time (TIB): 26 6 lh/in2 Total Sleep Time (TST): 285.0 364,5 min Quick Glance STATS AHI: 16.8 /hr (37.5/hr at 64.0 mins of supine sleep) Low SpO2: 87 % **RDI:** 16.8 / hr (37.5/hr at 64.0 mins of supine sleep) Spore Arousal Index: 0.00 /hr PLM Arousal Index: 25.7/ hr Sleep Latency: 2.3 min.

INDICATIONS

Sleep Efficiency: 78.2%

This is a 56 year old, (Gender: M) patient, 65.0 inches tall and weighing 160.0 lbs, (BMI 26.6) with a history of snoring, difficulties initiating and maintaining sleep, witnessed pauses in breathing while asleep and daytime somnolence. The patient also reported restless sensation in the legs, kicking/twitching movements while asleep. Other sleep complaints include: a dry mouth and awakens feeling paralyzed. Epworth Sleepiness Scale=19. An overnight polysomnogram is indicated to rule out the clinical impression of obstructive sleep apnea.

MEDICATIONS Clonazepam Bupropion Mirtazapine Trazodone. Ambien was offered as a sleep aid, but declined by the patient

Note: The patient's overall Apnea/Hypopnea Index (AHI) for the entire night was calculated at 17/hr (moderate). However, his AHI during supine sleep was calculated at 38//hr (severe). This was extrapolated from total supine sleep time of 64 minutes.

DIAGNOSIS

Axis A: Obstructive sleep apnea (moderate; severe in supine position, AHI =38/hr) - G47.33 Axis B: Polysomnography

PROCEDURE

An all-night comprehensive sleep study was performed in which the following medical parameters were recorded using a Respironics Alice Computerized polygraph (G3); left and right central (C3/C4); central (CZ); occipital (OZ) and frontal (FZ) electroencephalogram; left and right electrooculogram; electroencephalogram; atherior tibialis electromyogram; companies and an all control of the left of the l nasal/oral airflow, thermister; oxygen saturation (pulse oximetry); chest & abdominal effort belts; soangeram (snoring) and body position monitor. The study was attended by Ricky Babon, a polysomnographic technician and the raw data was manually reviewed and interpreted by Michael L. Cohen, M.D. The recording started on 7/14/2022 at 9:57:54 PM, and ended on 7/15/2022 at 4:10:18 AM. Scoring Technologist: Richard Tuazon, RPSGT. Darden, Michael

PSG

Document 1

7/14/2022

MID050566

RESULTS

1. Borderline sleep efficiency of 78.2% with normal sleep architecture. WASO (Wake After Sleep Onset) was calculated at 77.2 minutes.

SLEEP STAGE BREAKDOWN SLEEP STAGES: MINUTES

% of TST (total sleep time) Stage N1: 25.0 8.8 146.0 51.2 Stage N2: 64.0 50.0 Stage N3: 22.5 REM: 17.5

- 2. Overall Apnea/Hypopnea Index (AHI) of 17 per hour However, there is moderate severe supine specific apneas with an Apnea/Hypopnea Index (AHI) of 38 episodes per hour. This was extrapolated from total supine sleep time
- 3. Overall Respiratory Disturbance Index (RDI) of 17 per hour (RDI = AHI + RERAs + Snoring per hour).
- Overall accipancy Distance index (RDI) of 1 per nour (RDI) = Arti + RERAS = Snoring per nour).
 Oxygen desaturation index (number of desaturations per hour) = 2.5. SaO2 nadir of 86% (as consequence of a respiratory event), from a baseline (awaka) of 96%.
- 5. Soft snore vibrations were recorded in the sonometer indicator channel during manual scoring of sleep data but did not cause EEG arousals. These episodes were at low amplitude and did not appear in the sleep histogram.
- No EKG abnormalities noted.
- 7. No clinically significant limb movements seen.

Note: CPAP was NOT performed (due to fragmented sleep at the first half of the study). The study subsequently proceeded as an all night diagnostic PSG to better observe patient in all sleep stages and sleep position in order to establish a reliable baseline for evaluation.

RECOMMENDATIONS

- 1. Repeat study with CPAP titration throughout the night (especially in lieu of Epworth score of 19). The Lab is preferred site, as a technologist is present to assist the patient in adapting to CPAP and to provide a choice of CPAP masks. This usually leads to increased compliance with CPAP.
- 2. A second choice would be to try an auto-CPAP machine at home, with default pressure settings and masks per instructions from CPAP supply company. Patient may need a sleep aid to help adjust to CPAP. For senior patients, an in lab titration study is preferable to assist in their adjusting to CPAP.
- 3. Other therapeutic modalities such as dental device could be considered, but less likely to effectively treat this degree of OSA (based on supine specific related events).
- 4. If dental device is utilized, a follow-up sleep study is recommended when possible to document success of the treatment.
- 5. Caution patient regarding driving if drowsy.
- 6. Careful follow-up until symptoms resolve.
- 7. If patient does not elect CPAP, then position therapy may suffice as events occurred primarily in the supine position.
- 8. Sleep Medicine consultation.

Darden, Michael

PSG

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MD050566

TO REFERRING PHYSICIAN

Please mail or fax follow-up information to Contra Costa Sleep Center (CCSC) regarding therapy provided to the patient.

This is an Accreditation requirement by the American Academy of Sleep Medicine (AASM). Thank you.

If there are any questions regarding this study, please call us. We welcome questions and com-

/s/ electronically
Harry J. MacDanueld, M.D.
Diplomate, ABIM- Sleep Medicine

SLEEP / WAKE STATISTICS: WASO (Wake After Sleep Onset): TOTAL RECORDING TIME: SLEEP EFFICIENCY: TOTAL SLEEP TIME: LATENCY TO SLEEP ONSET: LATENCY TO REM ONSET:	77.2 min. 364.5 min. 78.2% 285.0 min. 2.3 min. 185.8 min.	
SLEEP STAGES:	MINUTES	% TST
Stage N1:	25.0	8.8
Stage N2:	146.0	51.2
Stage N3:	64.0	22.5
REM:	50.0	17.5
RERAS and PLMS with EEG arousals:	NUMBER	# PER HOUR
RERAS with EEG AROUSAL	0.00	0.00
PLMS AROUSALS:	122	2 5.7

SNORING SUMMARY

Total Snoring Episodes (Arousing and Non-Arousing) 0.00

Total Snoring Index (Arousing)

0.00/hr

Total Time with Snoring:

2.3 min (0.8% of sleep)

(Avg. duration of apneas was 15.4 seconds)

Bruxism: None Present RESPIRATORY EVENTS:

Total # of Apneas: =7

Total # of Appleas/		(Max. duration of apneas was 18.5 seconds)			
Total # of Hypopneas: ¬ 73 Total # of Apneas + Hypopneas ¬ 80		(Avg. duration of hypopneas was 17.5 seconds) (Max. duration of hypopneas was 26.0 seconds) Apnea / Hypopnea index (AHI): 16.8 (# per hour)			
Cheyne Stokes Breathing: Non	e Present				
BODY POSITION TABLE	SUPINE	LEFT	RIGHT	PRONE	
TST in min.	64.0	185.0	36.0	0.0	
Sleep %	57.9	94.2	70.0	0.0	
REM %	0.0	25.5	0.0	0.0	
CA	0	0	0	0	

				3
arden, Michael	PSG	7/14/2	2022	MID050566
OA	7	0	0	0
MA	0	0	Ō	Ō
Hypopuess	33	30	10	Ŏ
AI (#/Hr)	6.6	0.0	0.0	0.0
AHI (#/Hr)	37.5	9.7	16.7	0.0
RDI (#/Hr)	37.5	9.7	16.7	0.0
RERA	0.0	0.0	0.0	0.0
SLEEP STAGES:	TST:	AHI:	AVG. SpO2:	
REM:	50.0 min.	8.4 per hr.	96 %	
NREM:	235.0 min.	16.6 per hr.	95 %	
OXIMETRY DATA:				
Average O2 while awake	96 %	Average O2 w	hile in Non-REM	95 %
Average O2 while in REM	96 %	Approximate r		86 %
OXIMETRY SUMMARY:				
	w	R	NR	TOTAL
Fail Duration (min)	4.1	0.1	0.1	4.3
Average (%)	96	96	95	96
# of Desaturations	1	2	9	12
Desat Index (#/hour)	0.8	2.4	2.3	2.5
Desat Max Dur (sec.)	24.0	20.0	36.0	36.0
Minimum SpO2 value during s	leep: 86%			
Minimum SpO2 value duration Minimum SpO2 value associate	during sleep: 1 se	econds		

This table may not reflect the minimum oxygen saturation if the event did not last for 6 seconds or longer. OXIMETRY TABLE:

	WAKE	REM	NREM	TOTAL
<75 (min)	0.0	0.0	0.0	0.0
<80 (min)	0.0	0.0	0.0	0.0
<85 (min)	0.0	0.0	0.0	0.0
<90 (m/n)	0.0	0.5	0.5	1.0

CARDIAC SUMMARY:

	Heart Rate
Average Rate During Sleep	62 bpm
Highest Rate During Sleep	88 bpm
Highest Rate During Recording (TIB)	88 bp m
Lowest Rate During Sleep	54 bom

CARDIAC OBSERVATIONS: No EKG abnormalities were noted.

1 AM

2 AM

3 AM

12 AM

4 AM

Darden, Michael

PSG

7/14/2022

MD050566

- Apnea = A drop in the peak thermal sensor excursion by >90% of baseline. The duration of the event last at least 10 seconds. At least 90% of the event's duration meets the amplitude reduction criteria for apneas.
- Hypopnea = >30% decrease in the masal pressure signal sensor. 10 second duration with a >4% O2 desaturation from pre-vent baseline. The fall in the nasal pressure signal amplitude must last for >90% of the entire respiratory event compared to the signal amplitude preceding the event.
- Respiratory Effort Related Arousals (RERA) = If there is a sequence of breaths lasting at least 10 seconds characterized by increasing respiratory effort and flattening of the apex on the curve of the nasal pressure waveform leading to an arousal from sleep when the sequence of breaths does not meet criteria for an apnea or hypopnea. Snoring episodes with arousals are classified as RERAS.
- Central Apnea = An absence of inspiratory effort throughout the entire period of absent airflow.
- Mixed Apnea = An absence of inspiratory effort in the initial portion of the event, followed by resumption of inspiratory effort in the second portion of the event.

 Apnea/Hypopnea Index (AHI) = apnea plus hypopnea/hour of sleep.

 Respiratory Disturbance Index (RDI) = AHI + RERAs per hour.

- RIP (Respiratory Inductance Plethysmography) detects changes in the volume of the chest and abdomen during inspiration and expiration, and provides an estimate of tidal volume.
- RDI Scale= < 5 events/hour = (normal); 5-14 events/hour = (mild); 15-30 events/hour = (moderate); >30 events/hour = (severe).TST = Total Sleep Time
 PSG = POLYSOMNOGRAPHY

- PLMD = Periodic Limb Movement Disorder.

 BMI (Body Mass Index) = BMI assesses weight compared to height. (BMI=kg/m²).
- Arousal: An arousal in sleep is defined as a frequency shift of at least 3 seconds.

 Snore Arousals: An Arousal in sleep due to snoring without O2 desaturation. If associated with pressure flow limitation, the snore arousal is scored as a RERA.
- Desaturation = Drop in O2 saturation by 3 to 4% (see above Desaturation criteria under Hyopopnea).
- SaO2 desaturation scale: 85-89% (mild) 80-84% (moderate) <80% (severe)
- Normal baseline O2 saturation (Awake): > 93% Stage N3 sleep = referred to as Deep Sleep
- Epworth Sleepiness Scale: => 10 indicates daytime sleepiness.
- Sleep Efficiency: (Normal is > 80%)
- WASO (Wake After Sleep Onset) Wake after sleep onset includes all wake activity, including wake out of bed.
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TECHNICIAN COMMENTS

Time Entered	Comment
9:58:00 PM	Room Assignment = CCSC Room - 6.
9:58:08 PM	Beginning of the study
9:58:26 PM	Patient Name: Michael Darden (5/05/1966)
9:58:26 PM	Ambien was offered, but declined by the patient.
9:58:46 PM	Referring Physician: Maska M.D. Patricia
9:59:17 PM	Study ordered: 50/50
9:59:32 PM	Tech: Ricky Babon
10:00:07 PM	Machine Cals
10:01:05 PM	Begin Patient Cals
10:02:13 PM	Blinks
10:02:19 PM	Eyes Closed
10:02:25 PM	Eyes Open
10:02:34 PM	Look Up Down
10:02:43 PM	Look Left Right
10:02:51 PM	Grit Teeth
10:03:03 PM	Hold Breath

					347
Darde	n, Michael	PSG	7/14/2022	MD050566	
10:03:16 PM	Nasal Breathing				
10:03:29 PM	Oral Breathing				
0:03:36 PM	Flex Left Leg				
10:03:41 PM	Flex Right Leg				
10:03:50 PM	Snore				
10:05:23 PM	Lights Off				
10:50:01 PM	Patient Moving				
11:05:48 PM	Stages:W, Pos:R, SpO2:96/92	2			
12:05:43 AM	Stages: W, Pos:L, SpO2:97/9:	3			
12:50:39 AM	Patient Moving				
1:05:51 AM	Stages:N1, Pos:L, SpO2:97/9	5, No events			
2:05:54 AM	Stages:N2, Pos:L, SpO2:96/9				
3:05:54 AM	Stages:N2, Pos:L, SpO2:97/9	6, No events			
4:05:56 AM	End of the study				
4:06:12 AM	CPAP was not initiated due to	o low AHI during bas	seline of the study.		
4:06:28 AM	Study converted to all night I	PSG.			
4:06:43 AM	Collection of data completed				
4:08:58 AM	Final Cals				
4:09:55 AM	Study ended				
4:10:05 AM	Lights On				

12/27/22, 2:14 PM

My Health Online - Visit Summary

348

Name: Michael Darden | DOB: 5/5/1966 | Legal Name: Michael Darden

Care Team Note

Marcela Larrondo at 06/16/22 1203

Sutter Health Alta Bates Summit Medical Center We Plus You

ABSMC SPORTS, PT & HAND CLINIC OAKLAND 5700 TELEGRAPH AVE OAKLAND CA 94609 Phone: 510-204-1788 Fax: 510-506-7770

PHYSICAL THERAPY DISCHARGE NOTE

DATE: 6/16/2022

Primary Care MD: Emanuel Vergis

Primary Care MD: Emanuel Vergis
Referring MD: PATRICIA SUZANNE MASKA
Medical Diagnosis: Dizziness and giddiness [R42]
Treatment Diagnosis: decreased function with ADL's due to impaired
occulomotor function with smooth pursuit and saccades, impaired VOR, motion
sensitivity, and dizziness.

VISITS TO DATE: PT Visit #: 10 START OF CARE DATE: 3/7/2022

TREATMENT PERFORMED/INTERVENTIONS: Manual Therapy, Therapeutic Exercise, Therapeutic Activity, Neuro Re-Education, Patient Education, and Balance

Progress Towards Goals:

	06/16/22 1100
Lower Quarter/Mobility	
 Patient will be able to complete HEP for self management 	independent w/out difficulty
Additional Goals	
-	Pt will perceive 25-50% improved overall symptoms of dizziness to increase participation with walking exercise up to 3x/wk or every other day.: Met
	Pt will report 25-50% improved dizziness while driving to improve safety operating motor vehicle: Met, Patient is able to drive w/out dizziness
	Pt will perceive 25-50% improvement in overall dizziness symptoms to improve confidence with travelling for improved QoL: Met.

Assessment: Patient shows consistent decrease of dizziness intensity since less changes in barometric pressure, he is doing HEP daily and increasing cardiovascular exercies. Dizziness is still constant.

DISCHARGE:

Patient is ready for discharge from Physical Therapy:

Tc.columbia.edu \(\text{Medical Records Request, Anthem, Physical, Claim} \) ation, Determination Assessment, Long-Term D... 349



Darden, Michael <mad2255@tc.columbia.edu>

Medical Records Request, Anthem, Physical, Claim Application, Determination Assessment, Long-Term Disability, Michael Darden 2

Darden, Michael <mad2255@tc.columbia.edu> To: tanita.lee@anthem.com Tue, Mar 21, 2023 at 11:45 AM

Attached:

PART 2 OF 3 EMAIL TRANSMISSIONS

Satisfactory?

Thank you kindly, and take care,

Michael Darden 917-868-8780

Michael Darden Dr. Emanuel Vergis One Medical Healthcare Record includes Maska UCSF Sharon - Copy pages 1-87.pdf
17258K

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595 Castro Street San Francisco, CA 94114 Phone: 888-663-6331 • Fax: 888-663-6331

One Medical Group

To: Michael Darden 05/05/1966

From: Medical Team

595 Castro Street San Francisco, CA 94114

phone: 888-663-6331 fax: 415-291-0489

Patient

Patient Michael Darden DOB /1966

Sex

PCP Emanuel Vergis, MD

Patient ID 110786538

1801 Shore Line Dr Apartment 307 Address Alameda, CA 94501

Anthem Blue Cross of California PPO

Member ID: XDP241W06151 Effective At: 01/01/2021

Policy Holder: Michael Darden (Self)

Active Medications

81 mg DR tabs, 1 tab PO qday as needed for migraine aura

bupropion HCI

300 mg extended release PO qam

clonazepam

0.5 mg tabs, 1 tab PO qday as needed for anxiety

mirtazapine

15 mg rapid dissolve PO qhs

50 mg tabs, 1 - 3 tabs PO qhs as needed for insomnia

Notes

BEGIN - Consult Note: Neurology

Consult Note: Neurology 2-9-2023 Note Title

Thu Feb 09 2023 @ 01:41 PM

Note Type Date of

Consult Note: Neurology

Service Patricia Rodriguez Created By

Emanuel Vergis, MD (NPI:

Signed By 1962478495)

Fri Feb 10 2023 @ 07:08 AM Date Signed

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athena

2/9/2023 3:29:59 pm EST

5ab4b783-9eab-4295-82c9-6c6b3cde6df3

Page: 1/6

CONFIDENTIAL Fax

FROM:

PATRICIA MASKA, MD 985 ATLANTIC AVE STE 300, ALAMEDA, CA 94501-6447 Phone: (510) 748-5363 Fax: (925) 289-4975

TO:

EMANUEL VERGIS MD Fax: (415) 291-0489

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2/9/2023 3:29:59 pm EST 5ab4b783-9aab-4295-82c9-6c6b3cde6df3 athena

Page: 2/6

PATRICIA SUZ ANNE MASKA, MD • 985 ATLANTIC AVE STE 300, ALAMEDA CA 94501-6447 DARDEN, Michael (id #10073, dob: 05/05/1966) PATRICIA SUZANNE MASKA MD

985 ATLANTIC AVE STE 300 ALAMEDA, CA 94501-6447 Phone: (510) 748-5363 Fax: (925)289-4975

Encounter Summary - Progress Note Date Printed: 02/09/2023

Address

Attention: Emanuel Vergis MD

This fax may contain sensitive and confidential personal health information that is being sent for the sole use of the intended recipient. Unintended recipients are directed to securely destroy any materials received. You are hereby notified that the unauthorized disclosure or other unlawful use of this fax or any personal health information is prohibited. To the extent patient information contained in this fax is subject to 42 CFR Part 2, this regulation prohibits unauthorized disclosure of these records.

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Carried and a secretarion of the second	y the commence of the commence	į
Patient	Darden, Michael (56yo, M) #10073	į
Constante actions are	\mathbb{Q} in the property of the contract of the	ŝ
DOB	05/05/1966	ĺ
Paragraph and the state of the same of the sale		į,

Patient Demographics: 1801 Shoreline Dr/Apt 307 Home Phone (917) 868-8780 Alameda, CA 94501-6084 Work Phone

Patient Medical History:

	radeir redical fistory.
Encounter Reason/Date	Followup: Migraine with aura Followup: Vertigo Followup: Neck pain Followup: Obstructive sleep apnea syndrome 02/09/2023 - 11:00AM - PSM
History of Present Illness	Headache - f/up Reported by patient. Timing of pain: frequency of migraine: (days/month) (2) Treatment (modifying factors): current preventive med TPM 25 mg BiD; no bothersome side effects to meds; no significant mood issues; Already had occ SI; no worse on topiramate. Severity of pain: pain level: migraine 6/10 Neck Pain Reported by patient. Timing/Onset: frequency of pain as 1-2 times per month Location of pain: pain bilateral neck; pain posterior neck Quality of pain: pain as non-radicular Severity: pain level 1/10
	OSA f/up Reported by patient. Alleviating factors (modifying factors): tried snore Rx mouthguard, breath right strips Sleep Reported by patient. Quality: Insomnia: sleep maintenance Associated Symptoms: no excessive daytime sleepiness; no witnessed apneas or startled awakenings Duration: sleep issues 1-2 nights per week Context: good sleep hygiene Treatment (modifying factors): medications tried for sleep issues: trazodine,

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Page: 3/6

	remeron; no bothersome side effects						
	Vertigo Reported by patient.						
	Quality: true vertigo: spinning sensation Location: tinnitus occurring bilateral; tinnitus constant Duration: symptoms constant Aggravating factors (modifying factors): symptoms worse wit change (if vertigo is severe, this can occur) Notes: I rev'd neuro-otology notes Dr Sharon. He rec further testing. Patient was seen as telehealth under the extended PHE renewal. Patietele-health visit.						
	Doing CBT thru UCSF.						
Past Medical History	Reviewed Past Medical History Anxiety Disorder: Y Depression: Y Headaches: Y Heart Problems: Y - MVP Migraines: Y Sleep Disorder: Y - moderate OSA Kidney Disease: N - no kidney stones Notes: PTSD						
Problem List	Reviewed Problems Body mass index 25-29 - overweight - Onset: 02/03/2022 Reactive depression (situational) - Onset: 12/09/2022 Obstructive sleep apnea syndrome - Onset: 08/29/2022 Periodic limb movement disorder - Onset: 08/29/2022 Migraine with aura - Onset: 11/01/2021 Neck pain - Onset: 03/24/2022 Vertigo - Onset: 11/01/2021 Persistent postural perceptual dizziness - Onset: 10/28/2022 Headache - Onset: 11/01/2021 Snoring - Onset: 11/01/2021 Elevated blood-pressure reading without diagnosis of hypertension - Suicidal thoughts - Onset: 05/27/2022 Nonspecific paroxysmal spell - Onset: 05/27/2022 Caregiver role strain - Onset: 08/29/2022 Migrainous vertigo - Onset: 10/28/2022						
Allergies List	Reviewed Allergies	·······					
	PENICILINS						
Medications	Reviewed Medications	***************************************					
	buPROPion HCL XL 300 mg 24 hr tablet, extended release TAKE 1 TABLET BY MOUTH EVERY DAY		filled				
	clonazePAM 0.5 mg tablet TAKE 1 TABLET BY ORAL ROUTE DAILY AS NEEDED FOR ANXIETY	01/12/23	filled				
	Daily Multi-Vitamin start 01/01/2021	01/01/21					
	Emgality Pen 120 mg/mL subcutaneous pen injector INJECT 1 ML SUBCUTANEOUSLY EVERY MONTH FOR 30 DAYS	02/02/23					
		01/12/23	filled				
	topiramate 25 mg tablet 1 tablet(s) twice a day., start 02/06/2023	02/06/23					
	traZODone 50 mg tablet TAKE 1 TO 2 TABLET(S) BY ORAL ROUTE AT BEDTIME AS NEEDED FOR INSOMNIA FOR 30 DAYS	01/15/23	filled				
Social History	Reviewed Social History Education and Occupation What is the highest grade or level of school you have completed or the you have received?: Master's degree (e.g., MA, MS, MEng, MEd, MSW, MI instructional designer) Are you currently employed?: No (Notes: disability since 04/21)	highest de 3A) (Notes:	egree				

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Page: 4/6

Family History	Assigned sex at birth; Male Pronouns: he/him Sexual orientation: Lesblan, gay or homosexual Reviewed Family History Mother - Dementia - Hypertensive disorder			
	Substance Use Do you or have you ever smoked tobacco?: Never smoker Do you or have you ever used any other forms of tobacco or nicotine?: No What was the date of your most recent tobacco screening?: 02/09/2023 What is your level of alcohol consumption?: None What is your level of caffeine consumption?: Occasional Advance Directive Do you have an advance directive?: Yes Marriage and Sexuality What is your relationship status?: Married (Notes: husband Gregory) Lifestyle Do you feel stressed (tense, restless, nervous, or anxious, or unable to sleep at night)?: Rather much Do you se your seat belt or car seat routinely?: Yes Gender Identity and LGBTQ Identity Gender Identity: Identifies as Male Assigned sex at birth: Male			
	Are you able to care for yourself?: No Are you blind or do you have difficulty seeing?: No (Notes: Spots in eyes) Are you deaf or do you have serious difficulty hearing?: No (Notes: Ringing in ears) Do you have difficulty concentrating, remembering or making decisions?; Yes Do you have difficulty walking or climbing stairs?: Yes (Notes: Sometimes) Do you have difficulty dressing or bathing?: Yes (Notes: Sometimes) Do you have difficulty doing errands alone?: Yes Which of your hands is dominant?: Right Dlet and Exercise What type of diet are you following?: Regular What is your exercise level?: Occasional (Notes: Walking) Public Health and Travel Have you been to an area known to be high risk for COVID-19?: No In the 14 days before symptom onset, have you had close contact with a laboratory- confirmed COVID-19 while that case was ill?: No			

Exam:

Vitals	Ht:	5 ft 5 in Stated 02/09/2023 10:39 am	27.77	154 lbs Stated 02/09/2023 10:39 am		25.6 02/09/2023 10:39 am
		50 bpm 02/09/2023 10:40 am		98 F° 02/09/2023 10.40 am		6 02/09/2023 10:41 am
Physical Exam	General Appearance: Appearance no acute distress. Habitus well nourished. Head: Appearance atraumatic.					
	Mental Status: Level of consciousness alert and attentive. Mood, Affect normal mood, euthymic and affect congruent with mood. Attention/Concentration: normal attention and concentration. Orientation oriented to place and situation and orientated to person. Language, Speech no dysarthria or aphasia or dysphasia noted and normal fluency.					

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Page: 5/6

	Memory, Recall recent memory grossly normal.
	Cranial Nerves: Cranial Nerve VII approximately symmetric smile and forehead contraction.
Results/ Interpretati	None recorded lons
Document History	Discussed the following documents: Otolaryngology, Head and Neck Surgery - Office Visit - UCSF Health, UCSF Children's, Marin Health, and Affiliates - 02/09/23
Procedure Documentat	None recorded

Assessment and Plan:

Assessment and Plan

Time spent: 39 min

Record review: 3 min

Chart prep: 2 min

Olscussion/exam time spent with patient: 13 min

Risk assessment: testing options, medication options, lifestyle changes: 13 min

Charting: 8 min

f/u in 2 months

1. Vertigo

Recently seen again by UCSF neuro-otologist Dr Sharon. As before, Vertigo likely multifactorial: vestibular migraine, PPPD and peripheral vestibulopathy on the L. He will go back to UCSF for more vestibular testing. Already on meds to support serotonin (to help PPPD Sx). Michael has tried vestib rehab. I answered questions re: dx. testing, treatment.

R42: Dizziness and giddiness

2. Migraine with aura

Vestibular migraine, Episodic migraine. Baseline headache days per month: 8-12, lasting more than 4 hours per day. Cephalgia improved but vestibular migraine still constant. Has been on emgality x 4 months. Just started topiramate 25 mg BID. Still working on OSA Rx. We discussed whether to change emgality (e.g. to aimovig or verapamil) or increase topiramate and decided to keep these the same for now. Doing CBT thru UCSF, I answered questions re: meds

Preventive meds tried: Quilipta, Nurtec (did not tolerate), VPA, Elavil, lexapro, bupropion, GBN 300 mg, lorazepam, verapamil. OTC preventives tried: B2, magnesium

G43.109: Migraine with aura, not intractable, without status migrainosus MIGRAINE AURA WITHOUT A HEADACHE: CARE INSTRUCTIONS

Migrainous vertigo -I rev'd neuro-otology notes Dr Sharon, Michael will fo for further testing. H81,8X2: Other disorders of vestibular function, left ear

4. Obstructive sleep apnea syndrome -Moderate OSA. Seen by sleep MD, Dr Kram. Working with OTC OAT Snore Rx and breathe right strips. He is still considering OAT. I answered questions re: dx. testing, treatment. G47.33: Obstructive sleep apnea (adult) (pediatric) SLEEP APNEA: CARE INSTRUCTIONS

5. Neck pain -

I doubt a significant cervicogenic component. No current need for PT, M54.2: Cervicalgia

NECK PAIN: CARE INSTRUCTIONS

6. Suicidal thoughts

Passive SI. Contracts for safety. Michael has a support system for psych issues. I advised f/u w/ psychlatrist and therapist.

R45.851: Suicidal ideations

SUICIDAL THOUGHTS IN A FAMILY MEMBER: CARE INSTRUCTIONS

7. Body mass index 25-29 - overweight -

Consider nutrition eval

Z68.25: Body mass index [BMI] 25.0-25.9, adult

Filed 01/28/25 Page 356 of 500

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2/9/2023 3:29:59 pm EST

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Page: 6 / 6

· LEARNING ABOUT HEALTHY WEIGHT NUTRITIONIST/DIETITIAN REFERRAL -Schedule Within: provider's discretion

Return to Office

to see Patricia Maska, MD for Telemedicine at PSM on or around 04/08/2023

Electronically Signed by: PATRICIA MASKA, MD

02/09/2023

PATRICIA SUZANNE MASKA, MD

Darden, Michael (ID: 10073), DOB: 05/05/1966

END - Consult Note: Neurology

BEGIN - Medical Record: Unedited

Note Title

Medical Record: Unedited: Anthem Blue Cross

Note Type

Medical Record: Unedited

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Date of Service

Fri Jan 20 2023 @ 05:58 PM

Created By

Chris Ibanez Chris Ibanez

Signed By Date Signed

Fri Jan 20 2023 @ 06:12 PM

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O 01-19-2023 3:33 PM

Fax Services

→ Dr. Emanuel Vergis

pg 1 of 2



To: Dr. Emanuel Vergis

Company:

Fax:

14152910489

Phone: (415) 529-4099

From: Shaleea Petty

Fax: 18008500017 Phone: (470) 784-1971

NOTES:

Medical Records

Providers: You are required to return, destroy or further protect any PHI received on this document pertaining to members that you are not currently treating. Providers are required to immediately destroy any such PHI or safeguard the PHI for as long as it is retained. In no event are you permitted to use or redisclose such PHI.

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> Date and time of transmission: 01-19-2023 3:33 PM Number of pages including this cover sheet: 2

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Phone: 888-663-6331 • Fax: 888-663-6331

O 01-19-2023 3:33 PM

Fax Services

→ Dr. Emanuel Vergis

pg 2 of 2



Anthem Blue Cross Life and Health Disability Service Center PO Box 105426 Atlanta, GA 30348-5426 Tel: 809-813-5682 Fax: 800-850-0017

January 19, 2023

Provider: Emanuel Vergis Phone: 4155294099 Fax: 4152910489

Number of pages including cover:

Subject: MICHAEL A DARDEN

DOB: 05/05/1966

Claim Number: LT00403220 Reference Number: 443185

RE: Request for Clinical Information

In order to substantiate time out of work for this patient and evaluate their claim for disability payments, it is necessary to have a clinical update related to their medical condition. In order to make a determination, the information with an X below is required from 09/01/2022 through present.

- x Copies of office visit notes, progress notes, SOAP notes and/or treatment notes
- x Diagnostic test results (X-Rays, EMG, NCV, EEG, ECG, MRI, CAT scan, MMPI reports, etc.)
- x Medications
- x Lab reports (CBX, Fibrinogen, Hemoglobin A1C, TSH, etc.)
- x Operative and pathology reports

Prenatal records including prenatal flow chart; ultrasound results, Fibronectin test results, non stress test results and any other objective test results for prenatal care

- x Hospital history and physical and admit and discharge summaries
- x Physical therapy progress notes
- x Physician's progress notes and flow sheets-inpatient hospital or psychiatric
- x Return to work recommendation
- x Restrictions and limitations

Other

If payment is required, please fax an invoice with the tax identification number to the fax number listed above.

Thank you, S PETTY Disability Case Manager

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: one medical One Medical Group

To:

From: Chris Ibanez

595 Castro Street San Francisco, CA 94114

phone: 888-663-6331 fax: 415-291-0489

Patient

Patient

Michael Darden

DOB

05/05/1966

Sex

03/03/130

PCP

Emanuel Vergis, MD

Patient ID

110786538

Address

1801 Shore Line Dr

Apartment 307

Alameda, CA 94501

Anthem Blue Cross of California PPO

Member ID: XDP241W06151 Effective At: 01/01/2021

Policy Holder: Michael Darden (Self)

All records based on the parameters of your request.

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Active Medications

aspirin

81 mg DR tabs, 1 tab PO qday as needed for migraine aura

bupropion HCI

300 mg extended release PO qam

clonazepam

0.5 mg tabs, 1 tab PO qday as needed for anxiety

mirtazapine

15 mg rapid dissolve PO qhs

trazodone

50 mg tabs, 1 - 3 tabs PO qhs as needed for insomnia

Notes

BEGIN - Lab Result

Note Title

Lab: Testost.

Note Type

Lab Result

Date of Service

Wed Dec 07 2022 @ 09:40 AM

Created By

Medical Team

Signed By

Emanuel Vergis, MD (NPI: 1962478495)

Date Signed

Wed Dec 07 2022 @ 10:04 AM

This lab report was automatically sent to the patient in this message (https://one.1life.com/110786538/patient_timeline_posts/18348354) on 12/ 7/2022 at 9:40 AM because it contained no abnormal or critical results.

DARDEN, MICHAEL (SN: 34022926730)

Overall Report Status: FINAL Received on 12/07/2022

361

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Lab Report from LabCorp

34022926730			otient ID 10786538	4960838		041776	t Number 20	
Patient Last Nam DARDEN	ie			Account	Address			
Patient First Name Patient Middle Name MICHAEL				1	One Medical Group			
Patient SS#	Patient Pl 917-868-		Total Volume		1955 Broadway Suite A Oakland <u>CA (California)</u> 94612			
Date of Birth 1966-05-05		Sex	Fasting N	Additional Information		(1)		
Patient Address				Physician	Name	NPI#	Physician ID	
Date/Time Collecte 2022-12-06 07:06:00 PST	1 5 5 5 5	tered 06 21:00:00	Date/Time Reported 2022-12-07 09:07:00 PST			1962478495		
Tests Ordered Testosterone (00)4226)							
TESTS RESULTS		RESULTS	FLAG	UNITS	REFERENCE INTERVAL		LAB	
Testosterone	4	88		ng/dL	264-916		01	

01 01 Labcorp San Diego Dir: JennyGallowayMD 13112 Evening Creek Dr So Ste 200, San Diego, CA 92128-4108

END - Lab Result

BEGIN - Lab Result

Note Title

CC Lab: Ferritin

Note Type

Lab Result

Date of Service

Wed Nov 16 2022 @ 05:10 PM

For inquiries, the physician may contact Labcorp at 800-222-7566 Lab: 858-668-3700

Created By Signed By Medical Team Jenneh Rishe, RN

Date Signed

Sun Nov 20 2022 @ 01:14 PM

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595 Castro Street San Francisco, CA 94114 Phone: 888-663-6331 • Fax: 888-663-6331

13112 Evening Creek Dr So Ste 200, San Diego, CA 92128-4108

For inquiries, the physician may contact Labcorp at 800-222-7566 Lab: 858-668-3700

DARDEN, MICHAEL (SN: 31922929830) Overall Report Status: FINAL Received on 11/16/2022

Lab Report from LabCorp

Specimen Number 31922929830		Patient ID 10073		Control Number 3192292983	Account Number 04023160	
Patient Last Name	•	1,,,,,		Account Address	1 - 1 - 1	
Patient First Name Patient Middle Name MICHAEL				One Medical Group		
Patient SS#	Patient Phone 917-868-8780	Total Vo	Total Volume 3850 Grand Avenue Oa		3850 Grand Avenue Oakland CA (California) 94610	
Date of Birth 1966-05-05	Sex M	Fasting		Additional Information		
Patient Address 1801 SHORELIN ALAMEDA CA, 94501-6084	E DR APT 307			Physician Name MASKA, p	NPI#	Physician ID MASKA,P
Date/Time Collected Date Entered Date/Time Reported 2022-11-14 23:01:00 2022-11-15 21:00:00 2022-11-16 16:35:00 PST PST						
Tests Ordered Ferritin (004598)						
TESTS	RESULTS	FLAG	UNITS	REFERENCE IN	TERVAL	LAB
Ferritin				'		
Ferritin	198		ng/mL	30-400		01

END - Lab Result

BEGIN - Consult Letter

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595 Castro Street San Francisco, CA 94114 Phone: 888-663-6331 • Fax: 888-663-6331

Note Title Consult Letter
Note Type Consult Letter

Date of Service Fri Oct 28 2022 @ 12:47 PM

Created By Erica Reinganum

Signed By Tessa Lannoy, FNP-BC (NPI: 1801170725)

Date Signed Sun Oct 30 2022 @ 10:57 AM

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athena

10-28-2022 3:33 PM ET

515-44356347

pg 1 of 6

CONFIDENTIAL Fax

FROM:

PATRICIA MASKA, MD 5601 NORRIS CANYON RD STE 240, SAN RAMON, CA 94583-5407 Phone: (510) 748-5363

TO:

EMANUEL VERGIS MD Fax: (415) 291-0489

Fax: (925) 289-4975

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one medical

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athena

10-28-2022 3:33 PM ET

515-44356347

pg 2 of 6

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PATRICIA SUZ ANNE MASKA, MD . 5601 NORRIS CANYON RD STE 240, SAN RAMON CA 94583-5407.

DARDEN, Michael (id #10073, dob: 05/05/1966)

PATRICIA SUZANNE MASKA MD 5601 NORRIS CANYON RD STE 240 SAN RAMON, CA 94583-5407 Phone: (510) 748-5363 Fax: (925) 289-4975

Encounter Summary - Progress Note Date Printed: 10/28/2022

Attention: Emanuel Vergis MD

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Summission of a contraction	
Patient	Darden, Michael (56yo, M) #10073
himmannmanaman	(larangarangananananananananananananananan
DOB	05/05/1966

Patient Demographics:

Address	1801 Shoreline Dr/Apt 307 Alameda, CA 94501-6084	Home Phone (917) 868-8780
---------	-----------------------------------------------------	---------------------------

Patient Medical History:

Encounter Reason/Date	Followup: Migraine with aura Followup: Vertigo Followup: Periodic limb movement disorder Followup: Obstructive sleep apnea syndrome 10/28/2022 - 11:30AM - SAN RAMON
History of Present Ulness	CPAP, oral appliance f/up Reported by patient. Duration of therapy: not using oral appliance due to too expensive Headache - f/up Reported by patient. Timing of pain: frequency of migraine: (days/month) (8-12) Severity of pain: severity score 5-10 out of 10 Duration of pain: pain lasting 4 hrs to all day Associated Symptoms: nausea (sometimes); sensitivity to light (sometimes); sensitivity to sound (sometimes) Sieep Reported by patient. Associated Symptoms: excessive daytime sleepiness; suspected respiratory events: witnessed apneas; RLS symptoms occurring at rest; increased motor activity at night (PLMS) Duration: sleep issues most nights per week Severity: not sleepy driving Notes: Per pt, OAT too expensive. Vertigo Reported by patient. Quality: true vertigo: spinning sensation
	Location: tinnitus occurring bilateral (R > L) Duration: symptoms constant

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***************************************	Severity: severity of vertigo 5/10 to 10/10. Associated Symptoms: associated nausea Evaluation: per Gregory, vestib testing done yest at UCSF and did not show a lot of peripheral component of vertigo. Notes: I rev'd neuro-otlogy notes Dr Sharon UCSF. In bed 10-14 hours a day. Patient was seen as telehealth under the extended PHE renewal. P tele-health visit. Pt ok w/ husband Gregory in visit. Passive SI. Contracts for safety.	
Past Medical History	Reviewed Past Medical History Anxiety Disorder: Y Depression: Y Headaches: Y Heart Problems: Y - MVP Migraines: Y Kidney Disease: N - no kidney stones Notes: PTSD	
Problem List	Reviewed Problems Body mass index 25-29 - overweight - Onset; 02/03/2022 Obstructive sleep apnea syndrome - Onset; 08/29/2022 Periodic limb movement disorder - Onset; 08/29/2022 Migraine with aura - Onset; 11/01/2021 Neck pain - Onset; 03/24/2022 Vertigo - Onset; 11/01/2021 Persistent postural perceptual dizziness - Onset; 10/28/2022 Headache - Onset; 11/01/2021 Snoring - Onset; 11/01/2021 Elevated blood-pressure reading without diagnosis of hypertensi Suicidal thoughts - Onset; 05/27/2022 Nonspecific paroxysmal spell - Onset; 05/27/2022 Caregiver role strain - Onset; 08/29/2022 Migrainous vertigo - Onset; 10/28/2022	on - Onset: 08/29/2022
Allergies List	Reviewed Allergies PENICILLINS	нажиминия поличения на начиния на Начиния на начиния начиния на н
Medications	Reviewed Medications	
	buPROPion HCL XL 300 mg 24 hr tablet, extended release TAKE 1 TABLET BY MOUTH EVERY DAY	10/12/22 filled
1 1	clonazePAM 0.5 mg tablet TAKE 1 TABLET(S) BY ORAL ROUTE , DAILY AS NEEDED ANXIETY , FOR 30 DAYS	07/19/22 filled
14	Emgality Pen 120 mg/mL subcutaneous pen injector inject 1 mL every month by subcutaneous route for 30 days.	10/28/22 prescribed
	escitalopram 5 mg tablet	12/14/21 filled
11	mirtazapine 15 mg tablet TAKE 1 TABLET(S) BY ORAL ROUTE AT BEDTIME FOR 30 DAYS	10/13/22 filled
	traZODone 50 mg tablet TAKE 1-2 TABLETS BY MOUTH AT BEDTIME AS NEEDED FOR INSOMNIA	10/12/22 filled
Social History	Reviewed Social History Education and Occupation What is the highest grade or level of school you have completed or you have received?: Master's degree (e.g., MA, MS, MEng, MEd, MSW instructional designer) Are you currently employed?: No (Notes: disability since 04/21) Diet and Exercise What type of diet are you following?: Regular What is your exercise level?: Occasional (Notes: Walking) Activities of Daily Living Are you able to care for yourself?: No Are you blind or do you have difficulty seeing?: No (Notes: Spots in each	, MBA) (Notes:

PATRICIA SUZANNE MASKA, MD

Darden, Michael (ID: 10073), DOB: 05/05/1966

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	Are you deaf or do you have serious difficulty hearing?: No (Notes: Ringing in ears) Do you have difficulty concentrating, remembering or making decisions?: Yes Do you have difficulty walking or climbing stairs?: Yes (Notes: Sometimes) Do you have difficulty doing errands alone?: Yes (Notes: Sometimes) Do you have difficulty doing errands alone?: Yes Which of your hands is dominant?: Right Public Health and Travel Have you been to an area known to be high risk for COVID-19?: No In the 14 days before symptom onset, have you had close contact with a laboratory- confirmed COVID-19 while that case was ill?: No In the 14 days before symptom onset, have you had close contact with a person who is under investigation for COVID-19 while that person was ill?: No Substance Use Do you or have you ever smoked tobacco?: Never smoker Do you or have you ever used any other forms of tobacco or nicotine?: No What was the date of your most recent tobacco screening?: 10/28/2022 What is your level of alcohol consumption?: None What is your level of caffeine consumption?: Occasional Advanced Directive Do you have an advanced directive?: Yes Marriage and Sexuality What is your relationship status?: Married (Notes: husband Gregory) Lifestyle Do you feel stressed (tense, restless, nervous, or anxious, or unable to sleep at night)?: Rather much Do you use your seat belt or car seat routinely?: Yes							
Family History	Reviewed Far	Reviewed Family History - Dementia						
	Institution of the second	- Hypertensive disorder						
	humanimikumimimi 1	- Hyperlipid						
	Father	- Hypertensive disorder						
	I miniminiminiminiminiminiminiminiminimin	- Hyperlipid						
		- Congestive heart failure						
	Proximental and a second	- Coronary artery bypass grafts x 3						
	no seizures							
Review of Systems	None recorde	d						
			Exam:					
Vitals		5 ft 5 in 10/28/2022 11.06 am	Wt:	160 lbs With clothes 10/28/2022 11:06 am	ВМІ:	26.6 10/28/2022 11:06 am		
	11	120/80 sitting 10/28/2022 11:50 am	0.000	60 bpm 10/28/2022 11:08 am		97.5 F° 10/28/2022 11:08 am		
	4 harmmannermanner	homesermountererere	mmanmanmatan	heminioreigionemicfiz	atomomiomonio	Paranamanananand ‡		

Pain 7 10/28/2022 Scale: 11:06 am Physical General Appearance: Appearance no acute distress. Habitus well nourished.

Head: Appearance atraumatic.

Mental Status: Level of consciousness alert and attentive. Mood, Affect normal mood, euthymic and affect congruent with mood. Attention/Concentration: normal attention and concentration. Orientation oriented to place and situation and orientated to person. Language, Speech no dysarthria or aphasia or dysphasia noted and normal fluency. Memory, Recall recent memory grossly normal.

Cranial Nerves: Cranial Nerve VII approximately symmetric smile and forehead contraction.

Results/ None recorded Interpretations

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pg 5 of 6

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athena 10-28-2022 3:33 PM ET 515-44356347 Discussed the following documents:

NEUROTOLOGIST CONSULT NOTE - UCSF NEUROTOLOGY CLINIC - 10/11/22

AUDIOLOGIST CONSULT NOTE - 10/06/22 Document History General Medicine - Continuity of Care Document - Sutter Health Affiliates and Community
Connect Practices - 08/29/22 General Medicine - Travel - John Muir Health - 08/29/22 Procedure None recorded Documentation

Assessment and Plan:

Assessment and Plan

Time spent: 47 min

Record review: 5 min Chart prep: 2 min

Discussion/exam time spent with patient/care partner: 16 min Risk assessment: testing options, medication options, lifestyle changes: 16 min Charting: 8 min

f/u in 6 weeks

1. Migraine with aura

Michael has Vestibular migraine. Episodic migraine. Baseline headache days per month: 8-12, lasting more than 4 hours per day. Needs intervention. We discussed the R&B of med options. Neuro-otology recommended Emgality. I think this is a good option for Michael .Side effects rev'd. Michael wants to try it. I answered questions re: testing. meds, prevention.

Preventive meds tried: Quilipta, Nurtec (did not tolerate), VPA, Elavil, lexapro, bupropion, GBN 300 mg, lorazepam. OTC preventives tried: B2, magnesium G43.109: Migraine with aura, not intractable, without status migrainosus

MIGRAINE AURA WITHOUT A HEADACHE: CARE INSTRUCTIONS
Emgality Pen 120 mg/mL subcutaneous pen injector - Inject 1 mL every month by subcutaneous route for 30 days. Qty: 1 1 ml. syringe(s)
Pharmacy: CVS/PHARMACY #9255 Refills: 1

Seen by neuro-otology at UCSF, Dr Sharon. He felt Michael has vestibular migraine, PPPD and a peripheral vestibulopathy. Vestib testing done yest at UCSF; we will request results. I answered questions re: dx. testing, treatment. R42: Dizziness and giddiness

3. Obstructive sleep apnea syndrome -EDS, suspected apneas. Per pt, OAT too expensive. Needs further evaluation. I will request evaluation w/ a sleep MD. Needs eval. I will request a TSH. I answered questions re: dx.

testing, treatment. G47.33: Obstructive sleep apnea (adult) (pediatric)

SLEEP APNEA: CARE INSTRUCTIONS
SLEEP MEDICINE REFERRAL - Schedule Within: provider's discretion Note to
Provider: OSA. Pls eval for treatment options. EDS, suspected apneas. Per pt, OAT too expensive

TSH, SERUM OR PLASMA

4. Periodic limb movement disorder -

Michael has periodic limb movements during sleep that wakes him up according to polysomnogram - diagnosed with mod OSA. Needs eval. I will request a ferritin level. As before, I am not advising using benzo for PLMD treatment at this time. Defer to psychiatry to determine whether adjustment to his psych meds should be made for PLMD. I answered questions re: dx. testing, treatment.. G47,61: Periodic limb movement disorder

FERRITIN, SERUM OR PLASMA

5. Migrainous vertigo

H81.8X9: Other disorders of vestibular function, unspecified ear

6, Suicidal thoughts

Passive SI. Contracts for safety, He has a support system for psych issues, Has psychiatrist and a therapist. R45.851: Suicidal ideations

SUICIDAL THOUGHTS IN A FAMILY MEMBER: CARE INSTRUCTIONS

7. Persistent postural perceptual dizziness

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R42: Dizziness and giddiness Return to Office

to see Patricia Maska, MD for PSM telehealth 30 at SAN RAMON on or around 12/09/2022

Electronically Signed by: PATRICIA MASKA, MD

10/28/2022

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END - Consult Letter

BEGIN - Lab Result

Note Title

Lab: FIT

Note Type

Lab Result

Date of Service

Fri Oct 14 2022 @ 11:40 AM

Created By

Medical Team

Signed By

Emanuel Vergis, MD (NPI: 1962478495)

Date Signed

Sat Oct 15 2022 @ 06:48 AM

This lab report was automatically sent to the patient in this.://one.1life.com/110786538/patient_timeline_posts/17876753) on 10/14/2022 at 11:40 AM because it contained no abnormal or critical results.

DARDEN, MICHAEL (SN: 28622921870)

Overall Report Status: FINAL Received on 10/14/2022

Dir: JennyGallowayMD

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Lab Report from LabCorp

Specimen Number 28622921870		Patient ID 110786538		Control Nu	mber	Account 0433888	Number 35		
Patient Last Nan	ne				Account Ac	ldress			
Patient First Name Patient Middle Name MICHAEL					One Medical Group				
Patient SS#	Patient Phone Total Volume 917-868-8780			olume	595 Castro Street San Francisco CA (California) 94114				1
Date of Birth Sex Fasting 1966-05-05 M N		9	Additional Information						
Patient Address 1801 SHORELINE DR APT 307 ALAMEDA CA, 94501-6084			Physician Na VERGIS, E	me	NPI# 1962478495	Physician ID			
Date/Time Collected Date Entered Date/Time Reported 2022-10-12 21:00:00 2022-10-13 21:00:00 2022-10-14 11:06:00 PDT PDT PDT									
Tests Ordered Occult Blood, Fe	ecal, IA (1829	949); Pleas	e note (19	9999)					
TESTS		RESU	JLTS	FLAG	UNITS	REFERE	NCE INTERVAL	L	AB
Occult Blood, Fe Occult Blood, F Please note Please note		Negati	ive			Negative		0	11
requisitio	nd/or time on n as require the specime	ed by state	and fede	ral law.	The date of				

END - Lab Result

Labcorp San Diego

13112 Evening Creek Dr So Ste 200, San Diego, CA 92128-4108 For inquiries, the physician may contact Labcorp at 800-222-7566 Lab: 858-668-3700

BEGIN - Office Visit

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Chief Complaint

ANNUAL EXAM 10-4-2022

Note Type

Office Visit

Date of Service

Tue Oct 04 2022 @ 02:25 PM

Created By

Emanuel Vergis, MD (NPI: 1962478495) Emanuel Vergis, MD (NPI: 1962478495)

Signed By Date Signed

Tue Oct 04 2022 @ 02:53 PM

Subjective

Patient presents for annual wellness visit.

- 1. Accompanied by Gregory bullying trauma at their place of residency --> they prefer to be together until the situation is better; verbally assaulted by men in the apartment next to them;
- 2. FIT test in lieu of colonoscopy
- 3. review labs;
- 4. flu shot
- 5. scheduled to see oto-neurologist at UCSF next week for refractory migraines; audiology assessment this week;

Reviewed age-appropriate health maintenance goals.

PMH, PSH, Medications, Allergies, FHx reviewed and updated.

Social Hx:

Reviewed and updated in chart.

ROS focused on patient risk factors:

ROS negative except for pertinent positives listed above

Vaccinations

influenza (preservative-free) 10/05/2021

influenza (preservative-free) 10/03/2019

measles, mumps & rubella IMMUNE BY TITRES 2021

SARS-CoV-2 mRNA vaccine (Pfizer) 07/17/2021

SARS-CoV-2 mRNA vaccine (Pfizer) 06/26/2021

varicella IMMUNE BY TITRES 2014

zoster (recombinant) 10/08/2020

Health Background

Surgeries & Important Events

SURGERIES:

none

Family Data

Mother: DM2; recovered from COVID-19 earlier in 2022; maternal family history: MGF (stroke, blindness, cancer)

Father: deceased due to CHF in 2000 (post operatively CABG x 3V) paternal family history: PGF (deceased), PGM (heart problems)

Siblings: older brother (healthy)

Social Data

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Occupation: currently on disability; instructional design Al driverless vehicle

Relationship status: married to Gregory W (also my patient)

Diet: no issues per se;

Exercise: not very active currently Sleep: improving, but not yet optimal

Caffeine: some

Tobacco: none at present

Alcohol: none

Substances (e.g. In the last year, have you used any drugs or prescription medications for non medical use?):

Allergies

Penicillins (hives)

Vitals

sys dia HR RR temp wt ht BMI Sp02 FIO2 122 78 78 — 160 lb 65.5 in 26.2 —

Exam

I conducted the encounter wearing the following PPE: N95, face shield/goggles, gloves. The patient was wearing a mask.

General: No distress

HEENT: EOMI, nl conjunctiva & lids, hearing grossly nl

Neck: supple, no concerning masses, no LAD

Lungs: CTA bilaterally, nl effort CV: RRR, no M/R/G

Abd: S/NT/ND

Neuro/Psych: Normal affect, normal speech

Skin: Warm and well perfused

Procedures & Services

Assessment & Plan

Insomnia - TRAZODONE, MIRTAZAPINE - G47.00

5/17/2021:

Psychiatry prescribed trazodone 50 mg po QHS as needed (up to 3 tablets per night);

Gabapentin was stopped;

7/20/2021:

continues to take trazodone 50 mg po as needed;

8/10/2022:

continues to take mirtazapine and trazodone;

10/4/2022:

continue trazodone/mirtazapine;

Severe depression - F32.2

8/10/2022:

follow-up with Dr. Jillian;

stable on bupropion 300 mg per day;

currently on permanent disability;

375

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10/4/2022:

continue bupropion;

advised him to discuss recent verbal bullying with his therapist;

Vestibular migraine - G43.809

Characterized by dizziness, tinnitus;

10/11/2021:

he has noticed an uptick in headaches;

will identify an in-network provider for this;

discussed magnesium and B2 as preventatives;

118/2021:

Follow-up with neurology;

prior authorization for rimegepant pending;

12/17/2021:

NURTEC approved;

advised by his neurologist to take ASA 81 mg at onset of aural migraine symptoms;

8/10/2022

Work-up thus far (MRI, sleep study) not identifying substantive cause of migraines;

EEG results pending;

No improvement following vestibular PT;

No longer taking NURTEC as this seemed to worsen his migraines;

10/4/2022:

Seeing oto-neurologist at UCSF next week;

failed prior treatment options for migraines;

END - Office Visit

END - Medical Record: Unedited

Note Title (UNE)

(UNEDITED)

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595 Castro Street San Francisco, CA 94114 Phone: 888-663-6331 • Fax: 888-663-6331 Note Type Medical Records Release Form (3rd party)

Date of Thu Jan 19 2023 @ 12:35 PM Service

Created By Erica Reinganum Signed By Chris Ibanez

Date Signed Fri Jan 20 2023 @ 06:13 PM

Type records (medical, billing, or all): MED Date range: 9/1/2022 - Present Send records to: 800 850 0017 Edited: NO - because pt is using disability benefits through their insurance. Excluding: ** Release EXPIRES: N/A Confirm signature: N/A Date sent: 01/20/2023 MRS: Chris Ibanez

: one medical

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Phone: 888-663-6331 • Fax: 888-663-6331

O 01-19-2023 3:33 PM

Fax Services

→ Dr. Emanuel Vergis

pg 1 of 2



To: Dr. Emanuel Vergis

Company:

14152910489 Fax:

(415) 529-4099 Phone:

From: Shaleea Petty

Fax:

18008500017

Phone: (470) 784-1971

NOTES: Medical Records

Providers: You are required to return, destroy or further protect any PHI received on this document pertaining to members that you are not currently treating. Providers are required to immediately destroy any such PHI or safeguard the PHI for as long as it is retained. In no event are you permitted to use or redisclose such PHI.

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> Date and time of transmission: 01-19-2023 3:33 PM Number of pages including this cover sheet: 2

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Fax Services

Phone: 888-663-6331 . Fax: 888-663-6331

→ Dr. Emanuel Vergis

pg 2 of 2



Anthem Blue Cross Life and Health Disability Service Center

PO Box 105426 Atlante, GA 30348-5426 Tel: 800-813-5682 Fax: 800-850-0017

January 19, 2023

Provider: Emanuel Vergis Phone: 4155294099 4152910489

Number of pages including cover:

Subject: MICHAEL A DARDEN

DOB: 05/05/1966

Claim Number: LT00403220 Reference Number: 443185

RE: Request for Clinical Information

In order to substantiate time out of work for this patient and evaluate their claim for disability payments, it is necessary to have a clinical update related to their medical condition. In order to make a determination, the information with an X below is required from 09/01/2022 through present.

- x Copies of office visit notes, progress notes, SOAP notes and/or treatment notes
- x. Diagnostic test results (X-Rays, EMG, NCV, EEG, ECG, MRI, CAT scan, MMPI reports, etc.)
- x Medications
- x Lab reports (CBX, Fibrinogen, Hemoglobin A1C, TSH, etc.)
- Operative and pathology reports

Prenatal records including prenatal flow chart, ultrasound results, Fibronectin test results, non stress test results and any other objective test results for prenatal care

- x Hospital history and physical and admit and discharge summaries
- x Physical therapy progress notes
- x Physician's progress notes and flow sheets-inpatient hospital or psychiatric
- k Return to work recommendation
- x Restrictions and limitations

Other

If payment is required, please fax an invoice with the tax identification number to the fax number listed above.

Thank you, SPETTY

Disability Case Manager

LITE products underwateniby Anthym Blue Group Life and Houble bearance Company, Durably products underwateniby Anthem Life Interance Company, Independent Identices of the Blue Chass Association.

ANTHEM is a registered trademan of Anthem Interance Companies, Inc. The Blue Chass name and symbol are registered marks of the Blue Chass Association. 15-1703403340

END - Medical Records Release Form (3rd party)

BEGIN - Consult Letter

NEUROLOGY/HEADACHE Consult Letter 12-9-Note Title

2022 Note Type Consult Letter

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Date of Service

Fri Dec 09 2022 @ 01:11 PM

Created By

Erica Reinganum

Signed By

Emanuel Vergis, MD (NPI: 1962478495)

Date Signed

Sat Dec 10 2022 @ 06:55 AM

athena

12/9/2022 4:03:32 pm EST

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Page: 1/6

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12/9/2022 4:03:32 pm EST

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Page: 2/6

PATRICIA SUZANNE MASKA, MD • 5601 NORRIS CANYON RD STE 240, SAN RAMON CA 94583-5407 DARDEN, Michael (id #10073, dob: 05/05/1966) PATRICIA SUZANNE MASKA MD 5601 NORRIS CANYON RD STE 240 SAN RAMON, CA 94583-5407 Phone: (510) 748-5363 Fax: (925) 289-4975

Encounter Summary - Progress Note Date Printed: 12/09/2022

Attention: Emanuel Vergis MD

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Alexantial trentante treatment	commencement and management and a commencement and a comment and a comme	
Patient	Darden, Michael (56yo, M) #10073	
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DOB	05/05/1966	

Patient Demographics:

30	and the minimum in the contraction of the contracti	many many management of the management
Address	1801 Shoreline Dr/Apt 307	#Home Phone #(917) 868-8780
	Alameda, CA 94501-6084	Work Phone
Limminnon		A MOLK PHONE &

Patient Medical History:

Encounter Reason/Date	Followup: Migraine with aura Followup: Vertigo Followup: Periodic limb movement disorder Followup: Obstructive sleep apnea syndrome 12/09/2022 - 11:30AM - SAN RAMON
History of Present illness	Headache - f/up Reported by patient. Timing of pain: frequency of overall cephalalgia: days/month (8-12); frequency of migraine: (days/month) (6-10); frequency of mild cephalalgia: (days/month) (2) Treatment (modifying factors): current preventive med emgality; 1st dose emgality 10/31/22. Severity of pain: pain level: migraine 8/10 Sleep Reported by patient. Associated Symptoms: excessive daytime sleepiness; snoring: mild; no RLS symptoms; no urge to move legs; no increased motor activity at night (PLMS) Severity: not sleepy driving Treatment (modifying factors): medications tried for sleep issues: trazodone; no bothersome side effects Vertigo Reported by patient.
	Quality: true vertigo: spinning sensation Location: tinnitus occurring bilateral; tinnitus constant Duration: symptoms constant Aggravating factors (modifying factors): symptoms worse with position change; symptoms exacerbated by looking down Evaluation: Did vestibular rehab-not that helpful. Patient was seen as telehealth under the extended PHE renewal. Patient gave consent for tele-health visit. Doing CBT at ucsf

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595 Castro Street San Francisco, CA 94114 Phone: 888-663-6331 • Fax: 888-663-6331

sthena 12/9/2022 4:03:32 pm EST

cbcdb2d4-5f3d-4e7e-b744-0d27ec06220a

Page: 3/6

Past Medical History	Reviewed Past Medical History Anxlety Disorder: Y Depression: Y Headaches: Y Heart Problems: Y - MVP Migraines: Y Sleep Disorder: Y - moderate OSA Kidney Disease: N - no kidney stones Notes: PTSD	
Problem List	Reviewed Problems Body mass index 25-29 - overweight - Onset: 02/03/2022 Reactive depression (situational) - Onset: 12/09/2022 Obstructive sleep apnea syndrome - Onset: 08/29/2022 Periodic limb movement disorder - Onset: 08/29/2022 Migraine with aura - Onset: 11/01/2021 Neck pain - Onset: 03/24/2022 Vertigo - Onset: 11/01/2021 Persistent postural perceptual dizziness - Onset: 10/28/2022 Headache - Onset: 11/01/2021 Snoring - Onset: 11/01/2021 Elevated blood-pressure reading without diagnosis of hypertenses included thoughts - Onset: 05/27/2022 Nonspecific paroxysmal spell - Onset: 05/27/2022 Caregiver role strain - Onset: 08/29/2022 Migrainous vertigo - Onset: 10/28/2022	sion - Onset: 08/29/2022
Allergies List	Reviewed Allergies	
Medications	Reviewed Medications	
Medications	buPROPion HCL XL 300 mg 24 hr tablet, extended release TAKE 1 TABLET BY MOUTH EVERY DAY	11/11/22 filled
	clonazePAM 0.5 mg tablet TAKE 1 TABLET BY ORAL ROUTE DAILY AS NEEDED FOR ANXIETY	11/08/22 filled
	Daily Multi-Vitamin start 01/01/2021	01/01/21 started
	Emgality Pen 120 mg/mL subcutaneous pen injector Inject 1 mL every month by subcutaneous route for 30 days.	12/09/22 prescribed
	mirtazapine 15 mg tablet TAKE 1 TABLET(S) BY ORAL ROUTE AT BEDTIME FOR 30 DAYS	11/11/22 filled
	traZODone 50 mg tablet TAKE 1-2 TABLETS BY MOUTH AT BEDTIME AS NEEDED FOR INSOMNIA	11/07/22 filled
Social History	Reviewed Social History Education and Occupation What is the highest grade or level of school you have completed or you have received?: Master's degree (e.g., MA, MS, MEng, MEd, MS) Instructional designer) Are you currently employed?: No (Notes: disability since 04/21) Diet and Exercise What type of diet are you following?: Regular What is your exercise level?: Occasional (Notes: Walking) Activities of Dally Living Are you able to care for yourself?: No Are you blind or do you have difficulty seeing?: No (Notes: Spots in Are you deaf or do you have serious difficulty hearing?: No (Notes Do you have difficulty walking or climbing stairs?: Yes (Notes: Some Do you have difficulty dressing or bathing?: Yes (Notes: Some Do you have difficulty doing errands alone?: Yes Which of your hands is dominant?: Right Public Health and Travel Have you been to an area known to be high risk for COVID-19?: No In the 14 days before symptom onset, have you had close contact	er the highest degree N, MBA) (Notes: eyes) : Ringing in ears) ions?: Yes etimes)

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In the 14 days before symptom onset, have you had close contact with a person who is under investigation for COVID-19 while that person was ill?: No Substance Use Do you or have you ever smoked tobacco?: Never smoker Do you or have you ever used any other forms of tobacco or nicotine?; No What was the date of your most recent tobacco screening?: 12/09/2022 What is your level of alcohol consumption?: None What is your level of caffeine consumption?: Occasional Advance Directive Do you have an advance directive?: Yes

Marriage and Sexuality

What is your relationship status?: Married (Notes: husband Gregory)

Lifestyle Do you feel stressed (tense, restless, nervous, or anxious, or unable to sleep at night)?: Rather much Do you use your seat belt or car seat routinely?: Yes Gender Identity and LGBTQ Identity Gender Identity: Identifies as Male Assigned sex at birth: Male Pronouns: he/him Sexual orientation: Lesbian, gay or homosexual Family Reviewed Family History History - Dementia Mother - Hypertensive disorder - Hyperlipidemia - Hypertensive disorder Father - Hyperlipidemia Congestive heart failure Coronary artery bypass grafts x 3 no seizures Review of None recorded Systems

Exam:

	***************************************		Exam:	***************************************		***************************************
Vitals		5 ft 5 in Stated 12/09/2022 11:13 am	Wt:	158 lbs With clothes 12/09/2022 11:14 am	BMI;	26.3 12/09/2022 11-14 am
	11 1	120/75 sitting 12/09/2022 11:45 am		60 bpm 12/09/2022 11:16 am		9 12/09/2022 11:16 am
Physical Exam	General Appearance: Appearance no acute distress. Habitus well nourished. Head: Appearance atraumatic. Mental Status: Level of consciousness alert and attentive. Mood, Affect normal mood euthymic and affect congruent with mood. Attention/Concentration: normal attention and concentration. Orientation oriented to place and situation and orientated to person, Language, Speech no dysarthria or aphasia or dysphasia noted and normal fluency. Memory, Recall recent memory grossly normal. Cranial Nerves: Cranial Nerve VII approximately symmetric smile and forehead contraction.					normal mood, l attention and to person, al fluency.
Results/ Interpretati						
Document History	Discussed the FERRITIN, SER	e following doc UM OR PLASMA - ne - Encounter Sur	uments: 11/16/22	05-22 - Jerrold Kra		ove Sleep
Procedure Documentat	None recorded		,,,			

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12/9/2022 4:03:32 pm EST

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Page: 5/6

Assessment and Plan:

Assessment and Plan

Time spent: 47 min

Record review: 2 min

Chart prep: 2 min

Discussion/exam time spent with patient: 17 min

Risk assessment: testing options, medication options, lifestyle changes: 18 mln

Charting: 8 min

f/u in 2 months (has f/u w/ Dr Sharon at UCSF late Jan).

1. Migraine with aura

Vestibular migraine and Episodic migraine. Baseline headache days per month: 8-12, lasting more than 4 hours per day. Just took 2nd dose emgality. Want to give a full 3 months of emgality before considering changing to another preventive agent. We discussed the possibility of being evaluated by the UCSF HA center; we decided to defer this consideration until he has been on emgality longer and has OSA treated. answered questions re: meds, prevention, referrals.

Preventive meds tried: Quilipta, Nurtec (did not tolerate), VPA, Elavil, lexapro, buproplon, GBN 300 mg, lorazepam. OTC preventives tried: BZ, magnesium

G43.109: Migraine with aura, not intractable, without status migrainosus MiGRAINE AURA WITHOUT A HEADACHE: CARE INSTRUCTIONS Emgality Pen 120 mg/mL subcutaneous pen injector - Inject 1 mL every month by subcutaneous route for 30 days. Qty: (1) mL Refills: 2 DAW: Y Pharmac CVS/PHARMACY #9255 Pharmacy:

2. Vertigo

Seen by UCSF neuro-otologist Dr Sharon. Vertigo multifactorial: vestibular migraine, PPPD and peripheral vestibulopathy. Did vestibular rehab-not that helpful. On agents that support serotonin, which can hopefully help PPPD. I answered questions re: dx. testing, treatment.

R42: Dizziness and glddiness

3. Periodic limb movement disorder -

PLMS. May be exacerbated by untreated mod OSA. Ferritin 198. Needs intervention.
Hopefully treating OSA will help. We discussed trying a weighted blankets. I answered questions re: dx. testing, treatment..
G47.61: Periodic limb movement disorder

4. Obstructive sleep apnea syndrome -Moderate OSA. He saw sleep MD, Dr Kram. He is considering OAT but per him, it's expensive. Going to try breath right strips and a snoreRx oral appliance. as they are less expensive. He wants to avoid PAP. I have requested a TSH. I answered questions re: dx. testing, treatment.

G47.33: Obstructive sleep apnea (adult) (pediatric)
SLEEP APNEA: CARE INSTRUCTIONS

5. Reactive depression (situational) -

Doing CBT. Foll by psych. F32.A: Depression, unspecified

6. Suicidal thoughts -

Passive St. Contracts for safety. Michael has a support system for psych issues, I advised f/u w/ psychiatrist and therapist.

R45.851: Suicidal Ideations

SUICIDAL THOUGHTS IN A FAMILY MEMBER: CARE INSTRUCTIONS

to see Patricia Maska, MD for Telemedicine at SAN RAMON on or around 02/09/2023

Electronically Signed by: PATRICIA MASKA, MD

PATRICIA SUZANNE MASKA, MD

Darden, Michael (ID: 10073), DOB: 05/05/1966

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Page: 6/6

12/09/2022

PATRICIA SUZANNE MASKA, MD

Darden, Michael (ID: 10073), DOB: 05/05/1966

END - Consult Letter

BEGIN - Lab Result

Note Title Lab: Testost. Note Type Lab Result

Date of Service

Wed Dec 07 2022 @ 09:40 AM

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595 Castro Street San Francisco, CA 94114 Phone: 888-663-6331 • Fax: 888-663-6331

Created By Medical Team

Emanuel Vergis, MD (NPI: Signed By

1962478495)

Date Signed Wed Dec 07 2022 @ 10:04 AM

DARDEN, MICHAEL (SN: 34022926730) Overall Report Status: FINAL Received on 12/07/2022

Lab Report from LabCorp

Specimen

Patient ID

Number

34022926730

110786538

Patient Last Name

DARDEN

Patient First Name Patient Middle Name

MICHAEL

Patient SS#

Patient Phone Total Volume

917-868-8780

Age (Y/M/D)

Date of Birth

Sex Fasting

1966-

Patient Address

Date/Time Collected

Date Entered

Date/Time Reported

2022-12-06 07:06:00 PST

2022-12-06 21:00:00 PST

2022-12-07 09:07:00 PST

Control

Number

Account Number

Account Phone Route

4960838

04177620

hidden

Account Address One Medical Group

1955 Broadway

Suite A Oakland CA 94612

Additional Information

Physician Name

Physician ID

VERGIS, E

NPI# 1962478495

Tests Ordered

Testosterone (004226)

Tests

Results Flag Units Reference Interval Lab

Testosterone

Testosterone 488

ng/dL 264-916

01

Adult male reference interval is based on a population of healthy nonobese males (BMI <30) between 19 and 39 years old. Travison, et.al. JCEM 2017,102;1161-1173, PMID: 28324103.

Labcorp San Diego

01 01 13112 Evening Creek Dr So Ste 200, San Diego, CA 92128-

JennyGallowayMD

For inquiries, the physician may contact Labcorp at 800-222-7566 858-668-3700

END - Lab Result

BEGIN - Walk-in Visit

Chief Complaint Walk-in Visit: (Blood Draw)

Note Type

Walk-in Visit

Tue Dec 06 2022 @ 10:01 Date of Service

Created By Astrid Ayon Astrid Ayon Signed By

Tue Dec 06 2022 @ 10:06 **Date Signed**

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Exam

Procedures & Services

Venipuncture - R68.82 - 36415

Testosterone

END - Walk-in Visit

BEGIN - Laboratory Order

Note Title

Laboratory Order Laboratory Order

Note Type Date of

Sat Dec 03 2022 @ 07:08 AM

Service

Created By

Emanuel Vergis, MD (NPI: 1962478495)

Signed By

Astrid Ayon

Date Signed

Tue Dec 06 2022 @ 10:06 AM

Lab Ref#

45514848

Lab Order

One Medical, Oakland Tel: (888) 663-6331 | Fax: 415-291-0489

This lab order was generated using the New 1Life chart. Click here to view this order in this patient's New 1Life

LAB TESTS	QUEST	LABCORP CODES	
Testosterone	873	004226	
INDICATIONS		ICD-10	
Loss of libido		R68.82	

INSTRUCTIONS

To be collected on: 12/03/2022

Should Fast: No **Urgency:** Normal

Notes for Phlebotomist:

Send copy of results to:

COLLECTION DETAILS

Lab: Labcorp

Lab Account #: 04177620 Collection Date: 12/06/2022 Collection Time(s):

Was Fasting: No Notes for Lab:

Tube Inventory:

(rt) 1 gold

Collected by: Astrid Ayon

« one medical

595 Castro Street San Francisco, CA 94114 Phone: 888-663-6331 • Fax: 888-663-6331 END - Laboratory Order

BEGIN - Lab Result

Note Title CC Lab: Ferritin
Note Type Lab Result

Date of Wed Nov 16 2022 @ 05:10

Service PM

Created By Medical Team
Signed By Jenneh Rishe, RN

Date Signed Sun Nov 20 2022 @ 01:14 PM

DARDEN, MICHAEL (SN: 31922929830) Overall Report Status: FINAL Received on 11/16/2022

Lab Report from LabCorp

Specimen Number Patient ID 31922929830 10073

Patient Last Name

DARDEN

Patient First Name Patient Middle Name

MICHAEL

Patient SS# Patient Phone Total Volume

917-868-8780

Age (Y/M/D)

) Date of Sex Fasting

1966- M N

Patient Address

1801 SHORELINE DR APT

307

ALAMEDA CA, 94501-6084

Control

Number 3192292983

 Date/Time Collected
 Date Entered
 Date/Time Reported

 2022-11-14 23:01:00
 2022-11-15 21:00:00
 2022-11-16 16:35:00

PST PST

Account Number

04023160 hidden 01

Account Address

One Medical Group

3850 Grand Avenue Oakland CA

94610

Additional Information

Physician Name NPI # Physician ID MASKA, p MASKA,P

Tests Ordered

Ferritin (004598)

Tests Results Flag Units Reference Interval Lab

Ferritin

Ferritin 198 ng/mL 30-400 01

Labcorp San Diego

01 01 13112 Evening Creek Dr So Ste 200, San Diego, CA 92128- JennyGallowayMD

108

For inquiries, the physician may contact Labcorp at 800-222-7566 858-668-3700

END - Lab Result

BEGIN - Outside Laboratory Order

Note Title Outside Laboratory Order
Note Type Outside Laboratory Order
Date of Tue Nov 15 2022 @ 02:17

Service PM

-: one medical

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Created By **Angel Corrales** Signed By Daniel Herb

Tue Nov 15 2022 @ 03:56 **Date Signed**

PM

Lab Ref# 45146544

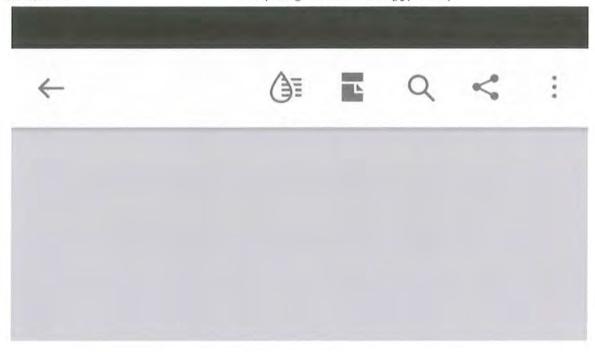
Prepped by: Dan Herb Send to: LabCorp ICD-10: G47.61 Date Collected: 11/15/2022 Time Collected: 2:01 PM Fasting: N Specimens Collected: [REF] 1 5ml GOLD Requested Results be CC'ed to: One Medical Group on FAX #: 415-291-0489]

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11/15/22, 3:16 PM

compressed_4135773341240432679.jpg (720×1600)



PATRICIA SUZANNE MASKA, MID + SKOT HORRES CANYEN RD STE 240, SAN RAMON CA 94583-5407

DARDEN, Michael (id #10073, dob: 05/05/1966)

Lab Order

10/28/2022

Order To	Ordering Provider		
ONE MEDICAL LAB 3850 GRAND AVE OAKLAND, CA 94610 Phone: (510) 225-1013 Fax: (415) 276-1777	PATRICIA MASKA, MD SAN RAMON 5601 NORRIS CANYON RD STE 240 SAN RAMON, CA 94583-5407 Phone: (510) 748-5363 Fax: (925) 289-4975		

Order				
Orders included: 1 Periodic limb movement disor • FERRITIN, SERUM OR PLAS	der ICD-10: G47.61: Periodic limb movement disorder MA BILL: Third Party			
Patient Name DARDEN, MICHAEL				
Sex - DOB - Age	M 05/05/1966 56yo			
Address 1801 SHORELINE DR/APT 307 ALAMEDA, CA 94501-6084				
Phone	h: (917) 868-8780 w:			
Primary Insurance	BCBS-CA Blue Cross of California (PPO) ID: XDP241W06151 Group: 281837M001 Policy Holder: DARDEN, MICHAEL Eligibility: Member is eligible. (Verified 10/31/2022)			
Secondary Insurance	None recorded.			
Drawn by:				
Date/Time Drawn:				
Fasting?:	- None Needed - 8 HR - 12 HR			

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22, 3:16 PM	compressed_4135773341240432679.jpg (720×1600)	
Other/Notes:		
CC:		
	Electronically Signed by: PATRICIA MASKA, MD	

PATRICIA MASKA, MD



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Date of Service Tue Nov 15 2022 @ 02:16 PM

Created By Daniel Herb Signed By Daniel Herb

Tue Nov 15 2022 @ 04:17 **Date Signed**

PM

Subjective

Exam

END - Walk-in Visit

BEGIN - Consult Letter

Note Title

Consult Letter Consult Letter

Note Type Date of

Fri Oct 28 2022 @ 12:47 PM

Service Created By

Erica Reinganum

Signed By

Tessa Lannoy, FNP-BC (NPI:

1801170725)

Date Signed

Sun Oct 30 2022 @ 10:57 AM

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pg 1 of 6

CONFIDENTIAL Fax

FROM:

PATRICIA MASKA, MD 5601 NORRIS CANYON RD STE 240, SAN RAMON, CA 94583-5407 Phone: (510) 748-5363 Fax: (925) 289-4975

TO:

EMANUEL VERGIS MD Fax: (415) 291-0489

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pq 2 of 6

PATRICIA SUZANNE MASKA, MD • 5601 NORRIS CANYON RD STE 240. SAN RAMON CA 94583-5407

DARDEN, Michael (id #10073, dob: 05/05/1966)

PATRICIA SUZANNE MASKA MD

5601 NORRIS CANYON RD STE 240

PATRICIA SUZANNE MASKA MD 5601 NORRIS CANYON RD STE 240 SAN RAMON, CA 94583-5407 Phone: (510) 748-5363 Fax: (925) 289-4975

Encounter Summary - Progress Note

Date Printed: 10/28/2022 Attention: Emanuel Vergis MD

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Patient	Darden, Michael (56yo, M) #10073
DOB	05/05/1966

Patient Demographics:

Address	1801 Shoreline Dr/Apt 307 Alameda, CA 94501-6084	Home Phone (917) 868-8780 Work Phone
---------	-----------------------------------------------------	-----------------------------------------

Patient Medical History:

Encounter Reason/Date	Followup: Migraine with aura Followup: Vertigo Followup: Periodic limb movement disorder Followup: Obstructive sleep apnea syndrome 10/28/2022 - 11:30AM - SAN RAMON
History of Present Illness	
	Vertigo Reported by patient. Quality: true vertigo: spinning sensation Location: tinnitus occurring bilateral (R > L) Duration: symptoms constant

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	Severity: severity of vertigo 5/10 to 10/10. Associated Symptoms: associated nausea Evaluation: per Gregory, vestib testing done yest at UCSF and did not show a lot of peripheral component of vertigo. Notes: I rev'd neuro-otlogy notes Dr Sharon UCSF. In bed 10-14 hours a day. Patient was seen as telehealth under the extended PHE renewal. P. tele-health visit. Pt ok w/ husband Gregory in visit.	
Past Medical History	Passive SI, Contracts for safety. Reviewed Past Medical History Anxiety Disorder: Y Depression: Y Headaches: Y Heart Problems: Y - MVP Migraines: Y Kidney Disease: N - no kidney stones Notes: PTSD	
Problem List	Reviewed Problems Body mass index 25-29 - overweight - Onset: 02/03/2022 Obstructive sleep apnea syndrome - Onset: 08/29/2022 Periodic limb movement disorder - Onset: 08/29/2022 Migraine with aura - Onset: 11/01/2021 Neck pain - Onset: 03/24/2022 Vertigo - Onset: 11/01/2021 Persistent postural perceptual dizziness - Onset: 10/28/2022 Headache - Onset: 11/01/2021 Snoring - Onset: 11/01/2021 Elevated blood-pressure reading without diagnosis of hypertensic Suicidal thoughts - Onset: 05/27/2022 Nonspecific paroxysmal spell - Onset: 05/27/2022 Caregiver role strain - Onset: 08/29/2022 Migrainous vertigo - Onset: 10/28/2022	on - Onset: 08/29/2022
Allergies List	Reviewed Allergies PENICILLINS	
Medications	Reviewed Medications	
	buPROPion HCL XL 300 mg 24 hr tablet, extended release TAKE 1 TABLET BY MOUTH EVERY DAY	10/12/22 filled
	clonazePAM 0.5 mg tablet TAKE 1 TABLET(S) BY ORAL ROUTE , DAILY AS NEEDED ANXIETY , FOR 30 DAYS	07/19/22 filled
	Emgality Pen 120 mg/mL subcutaneous pen injector Inject 1 mL every month by subcutaneous route for 30 days.	10/28/22 prescribed
	escitalopram 5 mg tablet	12/14/21 filled
	mirtazapine 15 mg tablet TAKE 1 TABLET(S) BY ORAL ROUTE AT BEDTIME FOR 30 DAYS	10/13/22 filled
	traZODone 50 mg tablet TAKE 1-2 TABLETS BY MOUTH AT BEDTIME AS NEEDED FOR INSOMNIA	10/12/22 filled
Social History	Reviewed Social History Education and Occupation What is the highest grade or level of school you have completed or you have received?: Master's degree (e.g., MA, MS, MEng, MEd, MSW instructional designer) Are you currently employed?: No (Notes: disability since 04/21) Diet and Exercise What type of diet are you following?: Regular What is your exercise level?: Occasional (Notes: Walking) Activities of Daily Living Are you able to care for yourself?: No Are you blind or do you have difficulty seeing?: No (Notes: Spots in e	, MBA) (Notes:

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10-28-2022 3:33 PM ET

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pa 4 of 6

	Which of you Public Mea Have you be In the 14 da confirmed Confirm	ave you ever smoked tobacco?: Never smoker ave you ever used any other forms of tobacco or nicotine?: No ne date of your most recent tobacco screening?: 10/28/2022 r level of alcohol consumption?: None r level of caffeine consumption?: Occasional Directive an advanced directive?: Yes and Sexuality r relationship status?: Married (Notes: husband Gregory) stressed (tense, restless, nervous, or anxious, or unable to sleep at night)?:		
		your seat belt or car seat routinely?: Yes		
Family History	Reviewed F	- Dementia - Hypertensive disorder		
	Father	- Hypertensive disorder		
		- Hyperlipidemia - Congestive heart failure		
	no seizures			
Review of Systems				

Exa	ARMS	
exa	110	ı:

Vitals	Ht:	5 ft 5 in 10/28/2022 11:06 am	Wt:	160 lbs With clothes 10/28/2022 11:06 am	вмі:	26.6 10/28/2022 11:06 am
	11	120/80 sitting 10/28/2022 11:50 am	Pulse:	60 bpm 10/28/2022 11:08 am	т:	97.5 F° 10/28/2022 11:08 am
		7 10/28/2022 11:06 am				
Physical Exam	General Appearance: Appearance no acute distress. Habitus well nourished. Head: Appearance atraumatic. Mental Status: Level of consciousness alert and attentive. Mood, Affect normal mood, euthymic and affect congruent with mood. Attention/Concentration: normal attention and concentration. Orientation oriented to place and situation and orientated to person. Language, Speech no dysarthria or aphasia or dysphasia noted and normal fluency. Memory, Recall recent memory grossly normal. Cranial Nerves: Cranial Nerve VII approximately symmetric smile and forehead contraction.					
Results/ Interpreta	None recorde lons	d				***************************************

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pa 5 of 6

History	Discussed the following documents: NEUROTOLOGIST CONSULT NOTE - UCSF NEUROTOLOGY CLINIC - 10/11/22 AUDIOLOGIST CONSULT NOTE - 10/06/22 General Medicine - Continuity of Care Document - Sutter Health Affiliates and Community Connect Practices - 08/29/22 General Medicine - Travel - John Muir Health - 08/29/22
Procedure	None recorded
Documentation	on

Assessment and Plan:

Assessment and Plan

Time spent: 47 min

Record review: 5 min

Chart prep: 2 min

Discussion/exam time spent with patient/care partner: 16 min

Risk assessment: testing options, medication options, lifestyle changes: 16 min

Charting: 8 min

f/u in 6 weeks

1. Migraine with aura -

Michael has Vestibular migraine. Episodic migraine. Baseline headache days per month: 8-12, lasting more than 4 hours per day. Needs intervention. We discussed the R&B of med options. Neuro-otology recommended Emgality. I think this is a good option for Michael .Side effects rev'd. Michael wants to try it. I answered questions re: testing, meds, prevention.

Preventive meds tried: Quilipta, Nurtec (did not tolerate), VPA, Elavil, lexapro, bupropion, GBN 300 mg, lorazepam. OTC preventives tried: B2, magnesium

G43.109: Migraine with aura, not intractable, without status migrainosus MIGRAINE AURA WITHOUT A HEADACHE: CARE INSTRUCTIONS Emgality Pen 120 mg/mL subcutaneous pen injector - Inject 1 mL every month by subcutaneous route for 30 days.

Qty: 11 mL syringe(s) Refills: 1 DAW: Y subcutaneous route for 30 days. Pharmacy: CVS/PHARMACY #9255

Seen by neuro-otology at UCSF, Dr Sharon. He felt Michael has vestibular migraine, PPPD and a peripheral vestibulopathy. Vestib testing done yest at UCSF; we will request results. I answered questions re: dx. testing, treatment. R42: Dizziness and giddiness

3. Obstructive sleep apnea syndrome -EDS, suspected apneas. Per pt, OAT too expensive. Needs further evaluation. I will request evaluation w/ a sleep MD. Needs eval. I will request a TSH. I answered questions re: dx.

testing, treatment.
G47.33: Obstructive sleep apnea (adult) (pediatric)
SLEEP APNEA: CARE INSTRUCTIONS
SLEEP MEDICINE REFERRAL - Schedule Within: provider's discretion Note to Provider: OSA. Pls eval for treatment options. EDS, suspected apneas. Per pt, OAT too expensive

TSH, SERUM OR PLASMA

4. Periodic limb movement disorder Michael has periodic limb movements during sleep that wakes him up according to
polysomnogram - diagnosed with mod OSA. Needs eval. I will request a ferritin level.
As before, I am not advising using benzo for PLMD treatment at this time. Defer to psychiatry to determine whether adjustment to his psych meds should be made for PLMD. I answered questions re: dx. testing, treatment... G47.61: Periodic limb movement disorder

FERRITIN, SERUM OR PLASMA

5. Migralnous vertigo

H81.8X9: Other disorders of vestibular function, unspecified ear

6. Suicidal thoughts -

Passive SI. Contracts for safety. He has a support system for psych issues. Has psychiatrist and a therapist. R45.851: Suicidal ideations

SUICIDAL THOUGHTS IN A FAMILY MEMBER: CARE INSTRUCTIONS

7. Persistent postural perceptual dizziness

Case 4:25-cv-00911-DMR Document 1 Filed 01/28/25 Page 397 of 500

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595 Castro Street San Francisco, CA 94114 Phone: 888-663-6331 • Fax: 888-663-6331 athena 10-28-2022 3:33 PM ET 515-44356347

pq 6 of 6

R42: Dizziness and giddiness

Return to Office

 to see Patricia Maska, MD for PSM telehealth 30 at SAN RAMON on or around 12/09/2022

Electronically Signed by: PATRICIA MASKA, MD

10/28/2022

PATRICIA SUZANNE MASKA, MD

Lab Result

Darden, Michael (ID: 10073), DOB: 05/05/1966

END - Consult Letter

Note Type

one medical

595 Castro Street San Francisco, CA 94114 Phone: 888-663-6331 • Fax: 888-663-6331

Date of Fri Oct 14 2022 @ 11:40 AM

Service Fil Oct 14 20

Created By Medical Team

Signed By Emanuel Vergis, MD (NPI: 1962478495)

1902470493)

Date Signed Sat Oct 15 2022 @ 06:48 AM

DARDEN, MICHAEL (SN: 28622921870) Overall Report Status: FINAL Received on 10/14/2022

Lab Report from LabCorp

Specimen Patient ID

28622921870 110786538

Patient Last Name

DARDEN

Patient First Name Patient Middle Name

MICHAEL

Patient SS#

Patient Phone Total Volume

2.50

917-868-8780

Age (Y/M/D)

Date of Sex Fasting

1966-

MN

Patient Address

1801 SHORELINE DR APT

307

ALAMEDA

CA, 94501-6084

Control

Number

PDT

PDT

Account Phone Route

hidden

4826708

04338885

01

01

Account Address

One Medical Group

595 Castro Street San Francisco CA

94114

Additional Information

Physician Name NPI# Physician ID

VERGIS, E

1962478495 Tests Ordered

Occult Blood, Fecal, IA (182949); Please note

(1999999)

Tests Results Flag Units Reference Interval Lab

Occult Blood, Fecal, IA

Occult Blood, Fecal, N

, recal, Negative Negative

Please note

Please note 01

The date and/or time of collection was not indicated on the requisition as required by state and federal law. The date of receipt of the specimen was used as the collection date if not supplied.

Labcorp San Diego

01 01 13112 Evening Creek Dr So Ste 200, San Diego, CA 92128- JennyGallowayMD

108

For inquiries, the physician may contact Labcorp at 800-222-7566 858-668-3700

END - Lab Result

BEGIN - Walk-in Visit

Chief Complaint Walk-in Visit: (Stool)

Document 1

Filed 01/28/25

Page 399 of 500

399

: one medical

595 Castro Street San Francisco, CA 94114 Phone: 888-663-6331 • Fax: 888-663-6331

Walk-in Visit Note Type

Date of Service Thu Oct 13 2022 @ 01:31 PM

Created By Signed By

Daniel Herb **Daniel Herb**

Date Signed

Thu Oct 13 2022 @ 01:34

c	 h	:~	ct	H.	

Exam

Procedures & Services

Stool collection kit provision - Z12.11 - XXXXX

Fecal occult blood immunofluorescence assay

END - Walk-in Visit

BEGIN - Walk-in Visit

Chief Complaint Walk-in Visit: (Stool, Flu Vax)

Note Type

Walk-in Visit

Date of Service Tue Oct 04 2022 @ 02:43 PM

Created By

Umberto Batista Umberto Batista

Signed By

Tue Oct 04 2022 @ 02:58

Date Signed

PM

Subjective

Exam

Procedures & Services

Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and an Z23 -90682, 90471

END - Walk-in Visit

BEGIN - Laboratory Order

Note Title

Laboratory Order

Note Type

Laboratory Order

Date of

Tue Oct 04 2022 @ 02:31 PM

Service Created By

Emanuel Vergis, MD (NPI:

Signed By

1962478495) Daniel Herb

Date Signed

Thu Oct 13 2022 @ 01:34 PM

Lab Ref#

44120180

595 Castro Street San Francisco, CA 94114

Phone: 888-663-6331 Fax: 888-663-6331
One Medical, Oakland
Tel: (888) 663-6331 | Fax: 415-291-0489

400

This lab order was generated using the New 1Life chart.
Click here to view this order in this patient's New 1Life chart.

LAB TESTS	CODES	CODES	
Fecal occult blood immunofluorescence assay	11290	182949	
INDICATIONS		ICD-10	
Colorectal cancer screening r	habaar	712 11	

INSTRUCTIONS

To be collected on: 10/04/2022 Should Fast: No Urgency: Normal Notes for Phlebotomist:

Send copy of results to:

COLLECTION DETAILS

Lab: Labcorp Lab Account #: 04177620 Collection Date: 10/13/2022 Collection Time(s): See Vial Was Fasting: No Notes for Lab:

Tube Inventory:

1 FOBT Vial

Collected by: Daniel Herb

END - Laboratory Order

BEGIN - Patient Survey

Note Title Covid and Monkeypox Screening

Note Type Patient Survey

Date of Service Tue Oct 04 2022 @ 02:25 PM Created By Patient Form Submission

Created By Patient Form Submission
Signed By Patient Form Submission
Date Signed Mon Oct 03 2022 @ 10:08 PM

In the last 10 days, have you had close contact with someone with symptoms of COVID-19 or a known COVID-19 infection?

No

Have you had a confirmed positive COVID-19 test in the last 10 days?

No

Do you have any new rashes, sores, or lesions?

No

Do you have any new cough, fever or shortness of breath?

No

In the last 3 weeks, have you been in contact with a person with probable or confirmed Monkeypox?

No

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595 Castro Street San Francisco, CA 94114 Phone: 888-663-6331 • Fax: 888-663-6331 END - Patlent Survey

BEGIN - Patient Survey

Note Title Preparing

Preparing for your Wellness Visit

T 5 1

Note Type Patient Survey

Date of Service Tue Oct 04 2022 @ 02:25 PM
Created By Patient Form Submission
Signed By Patient Form Submission
Date Signed Mon Oct 03 2022 @ 10:07 PM

Patient prioritized topics

Mental health (mood, stress, anxiety, etc.) Preventive screenings Vaccines

Health and lifestyle questions

Please imagine a ladder, with steps numbered from 0 at the bottom to 10 at the top. The top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you.

Patient's current Cantril Ladder rating is

1

Patient's 1-year Cantril Ladder rating is

1

Patient rates their overall health as

Poor

Physical Activity: Days per week engaged in moderate to strenuous exercise

0

Minutes engaged in exercise at each session

<15

Diet & Nutrition: Average times eats out each week

Rarely (0-3 meals)

Portion of typical plate that is plant-based

26-50%

Consumes sweetened beverages

1 per day

Sleep: Has problem falling or staying asleep

Yes

How often did you have a drink containing alcohol in the past year?

Neve

How often did you have six or more drinks on one occasion in the past year?

N/A

How many drinks containing alcohol did you have on a typical day when you were drinking in the past year?

N/A

How many times in the past year have you used drugs or used a prescription medication for non-medical reasons?

Never

Tobacco Status

Never used or smoked tobacco regularly

Intimate Partner Violence: Has been hurt, hit, threatened or made to feel afraid by their partner or someone else in the past year

No

: one medical

595 Castro Street San Francisco, CA 94114 Phone: 888-663-6331 • Fax: 888-663-6331 Sexual Health: Sexually active in the last year (oral, vaginal, or anal sex)

Yes, with 1 partner

Have you had unprotected sex (i.e., sex without a condom or other barrier) with anyone in the last year?

No

END - Patient Survey

BEGIN - Office Visit

Chief Complaint ANNUAL EXAM 10-4-2022

Note Type

Office Visit

Created By

Date of Service Tue Oct 04 2022 @ 02:25 PM Emanuel Vergis, MD (NPI:

1962478495)

Signed By

Emanuel Vergis, MD (NPI:

1962478495)

Date Signed

Tue Oct 04 2022 @ 02:53 PM

Subjective

Patient presents for annual wellness visit.

- 1. Accompanied by Gregory bullying trauma at their place of residency --> they prefer to be together until the situation is better; verbally assaulted by men in the apartment next to them;
- 2. FIT test in lieu of colonoscopy
- 3. review labs;
- 4. flu shot
- 5. scheduled to see oto-neurologist at UCSF next week for refractory migraines; audiology assessment this week;

Reviewed age-appropriate health maintenance goals.

PMH, PSH, Medications, Allergies, FHx reviewed and updated.

Social Hx:

Reviewed and updated in chart.

ROS focused on patient risk factors:

ROS negative except for pertinent positives listed above

Vaccinations

influenza (preservative-free) 10/05/2021

influenza (preservative-free) 10/03/2019

measles, mumps & rubella IMMUNE BY TITRES 2021

SARS-CoV-2 mRNA vaccine (Pfizer) 07/17/2021

SARS-CoV-2 mRNA vaccine (Pfizer) 06/26/2021

varicella IMMUNE BY TITRES 2014

zoster (recombinant) 10/08/2020

Health Background

... one medical

595 Castro Street San Francisco, CA 94114 Phone: 888-663-6331 • Fax: 888-663-6331 Surgeries & Important Events

SURGERIES:

none

Family Data

Mother: DM2; recovered from COVID-19 earlier in 2022; maternal family history: MGF (stroke, blindness, cancer)

Father: deceased due to CHF in 2000 (post operatively CABG x 3V) paternal family history: PGF (deceased), PGM (heart problems)

Siblings: older brother (healthy)

Social Data

Occupation: currently on disability; instructional design Al driverless vehicle

Relationship status: married to Gregory W (also my patient)

Diet: no issues per se;

Exercise: not very active currently Sleep: improving, but not yet optimal

Caffeine: some

Tobacco: none at present

Alcohol: none

Substances (e.g. In the last year, have you used any drugs or prescription medications for non medical use?):

Allergies

Penicillins (hives)

Vitals

sys dia	HR	RR temp	wt	ht	BMI SpO2	FiO
122 78	78 -		160 lb	65.5 in	26.2 —	_

Exam

I conducted the encounter wearing the following PPE: N95, face shield/goggles, gloves. The patient was wearing a mask.

General: No distress

HEENT: EOMI, nl conjunctiva & lids, hearing grossly nl

Neck: supple, no concerning masses, no LAD

Lungs: CTA bilaterally, nl effort

CV: RRR, no M/R/G

Abd: S/NT/ND

Neuro/Psych: Normal affect, normal speech

Skin: Warm and well perfused

Procedures & Services

Assessment & Plan

Insomnia - TRAZODONE, MIRTAZAPINE - G47.00

5/17/2021:

Psychiatry prescribed trazodone 50 mg po QHS as needed (up to 3 tablets per night); Gabapentin was stopped;

continues to take trazodone 50 mg po as needed;

8/10/2022:

continues to take mirtazapine and trazodone;

one medica

595 Castro Street San Francisco, CA 94114 Phone: 888-663-6331 • Fax: 888-663-6331 10/4/2022: continue trazodone/mirtazapine;

Severe depression - F32.2

8/10/2022:

follow-up with Dr. Jillian; stable on bupropion 300 mg per day; currently on permanent disability;

continue bupropion;

advised him to discuss recent verbal bullying with his therapist;

Vestibular migraine - G43.809

Characterized by dizziness, tinnitus;

10/11/2021:

he has noticed an uptick in headaches; will identify an in-network provider for this; discussed magnesium and B2 as preventatives;

Follow-up with neurology; prior authorization for rimegepant pending;

12/17/2021:

NURTEC approved;

advised by his neurologist to take ASA 81 mg at onset of aural migraine symptoms;

8/10/2022:

Work-up thus far (MRI, sleep study) not identifying substantive cause of migraines;

EEG results pending;

No improvement following vestibular PT;

No longer taking NURTEC as this seemed to worsen his migraines;

10/4/2022:

Seeing oto-neurologist at UCSF next week; failed prior treatment options for migraines;

END - Office Visit

BEGIN - Consult Letter

Note Title NEUROLOGY Consult Letter 8-29-2022

Note Type

Consult Letter

Date of

Tue Aug 30 2022 @ 05:26 AM

Service Created By

Precious Gatto

Signed By

Emanuel Vergis, MD (NPI:

1962478495)

Date Signed Tue Aug 30 2022 @ 07:03 AM

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athena

8/30/2022 0:20:36 am EDT

89c1042e-8a89-4d68-a599-f41ebb4f43fb

Page: 1/6

CONFIDENTIAL Fax

FROM:

PATRICIA MASKA, MD 5601 NORRIS CANYON RD STE 240, 5AN RAMON, CA 94583-5407 Phone: (510) 748-5363 Fax: (925) 289-4975

TO:

EMANUEL VERGIS MD Fax: (415) 291-0489

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8/30/2022 0:20:36 am EDT

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Page: 2/6

PATRICIA SUZANNE MASKA, MD • 5601 NORRIS CANYON RD STE 240, SAN RAMON CA 94583-5407 DARDEN, Michael (id #10073, dob: 05/05/1966) PATRICIA SUZANNE MASKA MD 5601 NORRIS CANYON RD STE 240 SAN RAMON, CA 94583-5407 Phone: (510) 748-5363 Fax: (925) 289-4975

Encounter Summary - Progress Note Date Printed: 08/29/2022

Attention: Emanuel Vergis MD

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promise and an arrange	
Patient	Darden, Michael (56yo, M) #10073
parameter and the parameter of the param)шиничения поличения
DOB	05/05/1966

Patient Demographics

Address	1801 Shoreline Dr/Apt 307	Home Phone (917) 868-8780
713131	Alameda, CA 94501-6084	parametra de la company de la
	prometo, en sasse out	Work Phone

	Patient Medical History:
Encounter Reason/Date	Followup: Snoring Followup: Vertigo Followup: Periodic limb movement disorder Followup: Nonspecific paroxysmal spell Followup: Obstructive sleep apnea syndrome 08/29/2022 - 10:30AM - SAN RAMON
History of Present Illness	Sleep Reported by patient. Quality: Inadequate sleep; fragmented sleep; non-refreshing sleep Associated Symptoms: excessive daytime sleepiness; snoring: ; no witnessed apneas or startled awakenings; no urge to move legs; Increased motor activity at night (PLMS) Treatment (modifying factors): medications tried for sleep issues: Trazodone Evaluation: sleep study PSG abnormal Notes: Discussed polysomnogram results: Has periodic limb movements during sleep that wakes him up according to polysomnogram - diagnosed with mod OSA. Discussed EEG (unrevealing). Discussed cranial MRI results (as age-appropriate white matter changes). They were done for his PLMD. Discussed possible treatment for his sleep apnea& PLMD (i.e. losing weight, weighted blanket, CPAP, oral appliance). Pt prefers oral appliance. Is on sleep medicine (Trazodone) - takes it most nights - is more tired in the morning - no other concern with medication Believes dizziness is causing what sounds like sleep myoclonus. Sulcidal Ideation - sometimes have those thoughts but no plan of suicide - has support
	Vertigo

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athona 8/30/2022 0:20:36 am EDT 89c1042e-8a89-4d68-a599-f41ebb4f43fb Page: 3 / 6

Reported by patient. Quality: unsteadiness; feeling off balance; faint feeling Location: tinnitus occurring right; tinnitus constant Duration: typical duration of symptoms as minutes; symptoms as variable in length Severity: progressively worse over last fewmonths Notes: Vertigo progressively worse in terms of increased frequency
- Getting heavy dizzy spell (Severity: 7-10/10) more often: Lasts couple of minuteshas felt fullness in his head and has fallen asleep while watching TV (also has sleep apnea and daytime fatigue)
- felt unsteady: has to lean against the wall occasionally to stabilize
- Saw Marcella for vestibular therapy did not seem to help (natural medicine also has not helped) Tinnitus Tinnitus gotten worse. Pt hears higher pitch than before. constant ringing
 usually on the right ear - unilateral (can switch sides) Vertigo&tinnitus worsening could be due to family stress (caregiver role for his mother who has dementia) Video Tele-health visit used during the COVID-19 pandemic. Patient gave consent for telehealth visit. Past Medical Reviewed Past Medical History History Anxiety Disorder: V Depression: Y Headaches: Y Heart Problems: Y - MVP Migraines: Y Kidney Disease: N - no kidney stones Notes: PTSD Problem List Reviewed Problems

Body mass index 25-29 - overweight - Onset; 02/03/2022

Obstructive sleep apnea syndrome - Onset: 08/29/2022

Periodic limb movement disorder - Onset: 08/29/2022

Migraine with aura - Onset: 11/01/2021

Neck pain - Onset: 03/24/2022

Vertigo - Onset: 11/01/2021 Reviewed Problems Headache - Onset: 11/01/2021 Snoring - Onset: 11/01/2021
 Elevated blood-pressure reading without diagnosis of hypertension - Onset: 08/29/2022
 Suicidal thoughts - Onset: 05/27/2022
 Nonspecific paroxysmal spell - Onset: 05/27/2022
 Caregiver role strain - Onset: 08/29/2022 Allergies List Reviewed Allergies PENICILLINS Medications Reviewed Medications buPROPion HCL XL 300 mg 24 hr tablet, extended release TAKE 1 TABLET BY MOUTH EVERY DAY 08/16/22 filled clonazePAM 0.5 mg tablet 07/19/22 filled TAKE 1 TABLET(S) BY ORAL ROUTE, DAILY AS NEEDED ANXIETY, FOR 30 DAYS 12/14/21 escitalopram 5 mg tablet filled mirtazapine 15 mg tablet TAKE 1 TABLET(S) BY ORAL ROUTE AT BEDTIME TIMES PER DAY, FOR 07/13/22 filled 30 DAYS traZODone 50 mg tablet TAKE 1-2 TABLET(S) BY ORAL ROUTE , AT BEDTIME AS NEEDED 08/15/22 filled INSOMNIA, FOR 30 DAYS Social Reviewed Social History **Education and Occupation** History What is the highest grade or level of school you have completed or the highest degree you have received?: Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) (Notes:

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8/30/2022 0:20:36 am EDT

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Page: 4/6

instructional designer) Are you currently employed?: No (Notes: disability since 04/21)

Diet and Exercise What type of diet are you following?: Regular What type of diet are you following?: Regular
What is your exercise level?: Occasional (Notes: Walking)
Activities of Dally Living
Are you able to care for yourself?: No
Are you blind or do you have difficulty seeing?: No (Notes: Spots in eyes)
Are you deaf or do you have serious difficulty hearing? : No (Notes: Ringing in ears)
Do you have difficulty concentrating, remembering or making decisions?: Yes
Do you have difficulty walking or climbing stairs?: Yes (Notes: Sometimes)
Do you have difficulty dressing or bathing?: Yes (Notes: Sometimes)
Do you have difficulty doing errands alone?: Yes
Which of your hands is dominant?: Right
Public Health and Travel
Have you been to an area known to be high risk for COVID-19?: No Have you been to an area known to be high risk for COVID-19?: No
In the 14 days before symptom onset, have you had close contact with a laboratoryconfirmed COVID-19 while that case was ill?: No
In the 14 days before symptom onset, have you had close contact with a person who is
under investigation for COVID-19 while that person was ill?: No Substance Use Do you or have you ever smoked tobacco?: Never smoker Do you or have you ever used any other forms of tobacco or nicotine?: No What was the date of your most recent tobacco screening?: 08/29/2022 What is your level of alcohol consumption?: None What is your level of caffeine consumption?: Occasional Advanced Directive Do you have an advanced directive?: Yes Marriage and Sexuality What is your relationship status?: Married (Notes: husband Gregory) Lifestyle Do you feel stressed (tense, restless, nervous, or anxious, or unable to sleep at night)?: Rather much Do you use your seat belt or car seat routinely?: Yes Family Reviewed Family History History - Dementia Mother Hypertensive disorder - Hyperlipidemia ************ Hypertensive disorder Father Hyperlipidemia Congestive heart failure - Coronary artery bypass grafts x 3 no seizures Review of None recorded Systems

Exam:

Vitals Physical Exam	Ht:	5 ft 5 in 08/29/2022 09:49 am	Wt:	160 lbs With clothes 08/29/2022 09:49 am	BMI:	26,6 06/29/2022 09:49 am
		120/75 08/29/2022 01:57 pm		60 bpm 08/29/2022 09:50 am	T:	97.5 F° 08/29/2022 09:50 am
		0 08/29/2022 09:50 am				
	Head: Appea Mental Stat euthymic and	rance atraumatic. us: Level of conso	iousness ale	ute distress. Habitu ert and attentive. M ttention/Concentral and situation and	lood, Affect	normal mood, l attention and

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8/30/2022 0:20:36 am EDT

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Page: 5/6

	Language, Speech no dysarthria or aphasia or dysphasia noted and normal fluency. Memory, Recall recent memory grossly normal.
Results/ Interpretati	None recorded ons
Document History	Discussed the following documents: ELECTROENCEPHALOGRAM - 07/17/22 POLYSOMNOGRAM - 07/14/22 MRI, BRAIN + BRAIN STEM, W/O CONTRAST - 07/11/22 MRI, BRAIN + BRAIN STEM, W/O CONTRAST - 07/11/22 Sports Medicine - Hospital Encounter - Marcela Larrondo, Sutter Health Affiliates and Community Connect Practices - 08/29/22
Procedure Documentat	None recorded

	Assessment and Plan:
Assessment and Plan	Time spent: 50 mins Record review; 7 mins Chart prep: 2 mins Discussion/exam time spent with patient: 16 mins Risk assessment: testing options, medication options, lifestyle changes: 17 mins Referrals/care coordination: 1 mins Charting: 7mins
	1. Obstructive sleep apnea syndrome - Discussed polysomnogram results: diagnosed with moderate OSA.
	Discussed possible treatment for his sleep apnea (i.e. losing weight, CPAP, oral appliance). Order placed for oral appliance.
	Order TSH testing for his sleep apnea Referral to Berkeley Sedation Dentistry placed. I answered questions re: dx. testing, treatment. G47.33: Obstructive sleep apnea (adult) (pediatric) SLEEP APNEA: CARE INSTRUCTIONS ORAL APPLIANCE & CONSULT REFERRAL - Schedule Within: provider's discretion Note to Provider: Moderate OSA. Please eval for OAT.
	2. Nonspecific paroxysmal spell - Michael has periodic movements of BUE and BLE that are periodic, q 20-30 seconds.
	Overall, these movements seem to be consistent with PLMD. See below. Discussed EEG (unrevealing). Discussed cranial MRI results (normal age-appropriate white matter changes). No Indication for AED/ASM needed at this time, I answered questions re; ddx. testing. R41.89: Other symptoms and signs involving cognitive functions and awareness
	3. Vertigo - Vertigo has gotten progressively worse in terms of increased frequency. Saw Marcella for vestibular therapy that did not seem to help (natural medicine has not helped).
	Placed a neurotologist referral to UCSF I answered questions re: dx. testing, treatment. R42: Dizziness and giddiness NEUROTOLOGIST REFERRAL - Schedule Within: provider's discretion Note to Provider: Multifactorial: BPPV, migraine related vertigo, PPPD, Please eval.
	 Periodic limb movement disorder - Discussed polysomnogram results: Has periodic limb movements during sleep that wakes him up according to polysomnogram - diagnosed with mod OSA.
	Discussed possible treatment for PLMD (i.e. weighted blanket). Treatment for sleep apnea with oral appliance may help his PLMD.
	Order ferritin testing for PLMD.
	l am not advising using benzo for PLMD treatment at this time. Defer to psychiatry to determine whether adjustment to his psych meds should be made for PLMD. I answered questions re: dx. testing, treatment G47.61: Periodic limb movement disorder

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8/30/2022 0:20:36 am EDT

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Page: 6/6

410

5. Caregiver role strain -Pt has the caregiver role for his mother who has dementia. Believes his symptoms (vertigo/tinnitus) could be worsening due to family stress. Better sleep quality after starting treatment for his OSA and PLMD may help reduce overall stress level. Z73.3: Stress, not elsewhere classified

6. Elevated blood-pressure reading without diagnosis of hypertension -Referral to PCP was ordered for his elevated BP.

R03.0: Elevated blood-pressure reading, without diagnosis of hypertension PRIMARY CARE PROVIDER REFERRAL - Schedule Within: provider's discretion Note to Provider: deferred to you for BP

Return to Office

to see Patricia Maska, MD for PSM telehealth 30 at SAN RAMON on or around 10/29/2022

Electronically Signed by: PATRICIA MASKA, MD

08/29/2022

PATRICIA SUZANNE MASKA, MD

Darden, Michael (ID: 10073), DOB: 05/05/1966

END - Consult Letter

BEGIN - Lab Result

Lab: CMP, CBC, Lipids, CT/NG NAAT (GU), CT/NG NAAT (rectal), CT/NG NAAT (pharyng), HIV Ab w/ rfix, RPR w/ Note Title reflex

Note Type

Lab Result

-- one medica

595 Castro Street San Francisco, CA 94114 Phone: 888-663-6331 . Fax: 888-663-6331

Date of

Fri Aug 19 2022 @ 08:41 AM Service

Created By

Medical Team

Signed By

Emanuel Vergis, MD (NPI: 1962478495)

Date Signed

Fri Aug 19 2022 @ 01:41 PM

DARDEN, MICHAEL (SN: 22822917410) Overall Report Status: FINAL Received on 08/19/2022

Lab Report from LabCorp

Specimen Number

Patient ID

22822917410

110786538

Patient Last Name

DARDEN

Patient First Name Patient Middle Name

MICHAEL

Patient

Patient Phone Total Volume

SS#

917-868-8780

Age (Y/M/D)

Date of

Birth

Sex Fasting

1966-

Patient Address

1801 SHORELINE DR APT

307

ALAMEDA

CA, 94501-6084

Date/Time Collected

Date Entered

hidden

Date/Time Reported

2022-08-16 10:21:00 PDT

2022-08-16 21:00:00

2022-08-19 08:06:00

POT

PDT

Control Number Account Number

Account Phone Route

4692979

04177620

01

Account Address

One Medical Group 1955 Broadway

Suite A Oakland CA 94612

Additional Information

NPI# Physician Name

Physician ID

VERGIS, E

1962478495

Tests Ordered

Comp. Metabolic Panel (14) (322000); CBC, Platelet, No Differential (028142); Lipid Panel (303756); Chlamydia/GC Amplification (183194); Cl/GC NAA, Rectal (188672); Ct/GC NAA, Pharyngeal (188698); HIV Ab/p24 Ag with Reflex (083935); RPR, Rfx On RPR/Confirm TP (012005)

Tests	Results	Flag Units	Reference Int	erval Lab
Comp. Metabolic Panel (14)			
Glucose	87	mg/dL	65-99	01
BUN	17	mg/dL	6-24	01
Creatinine	1.03	mg/dL	0.76-1.27	01
eGFR	85	mL/min/1.7	73 >59	01
BUN/Creatinine Ratio	17		9-20	01
Sodium	142	mmol/L	134-144	01
Potassium	4.7	mmol/L	3.5-5.2	01
Chloride	103	mmol/L	96-106	01
Carbon Dioxide, Total	26	mmol/L	20-29	01
Calcium	9.3	mg/dL	8.7-10.2	01
Protein, Total	7.4	g/dL	6.0-8.5	01
Albumin	4.6	g/dL	3.8-4.9	01
Globulin, Total	2.8	g/dL	1.5-4.5	01
A/G Ratio	1.6		1.2-2.2	01
Bilirubin, Total	0.5	mg/dL	0.0-1.2	01
Alkaline Phosphatase	90	JU/L	44-121	01

: one medical

	San Francisco, CA				Fax: 888-663-6331
Tests	Results	Flag	Units	Reference Interva	
AST (SGOT)	19	IU/		0-40	01
ALT (SGPT)	18	IU/	L	0-44	01
CBC, Platelet, No Di					
WBC	6.0		0E3/uL	3.4-10.8	01
RBC	4.98		0E6/uL	4.14-5.80	01
Hemoglobin	14.9	g/d	IL.	13.0-17.7	01
Hematocrit	45.0	%		37.5-51.0	01
MCV	90	fL		79-97	01
MCH	29.9	pg		26.6-33.0	01
MCHC	33.1	g/d	L	31.5-35.7	01
RDW	12.2	%		11.6-15.4	01
Platelets	283	x10	DE3/uL	150-450	01
NRBC	Canceled				01
Lipid Panel					
Cholesterol, Total	201	High mg	/dL	100-199	01
Triglycerides	76	-	/dL	0-149	01
HDL Cholesterol	43	mg	/dL	>39	01
VLDL Cholesterol Ca		_	/dL	5-40	01
LDL Chol Calc (NIH)	144	High mg	/dL	0-99	01
Comment:	Canceled				01
Chlamydia/GC Ampl					
Chlamydia trachoma	•			Negative	01
Neisseria gonorrhoe	ae, NAA Negative			Negative	01
Ct/GC NAA, Rectal					
C. trachomatis, NAA	•			Negative	01
N. gonorrhoeae, NA	•			Negative	01
Ct/GC NAA, Pharyng	•				
C. trachomatis, NAA				Negative	01
N. gonorrhoeae, NA/ Pharyn	A, Negative			Negative	01
HIV Ab/p24 Ag with I	Refley				
THE AU/PET AY WITH	Non				
HIV Ab/p24 Ag Scree	en Reactive			Non Reactive	01
HIV Negative HIV-1/HIV-2 antibodies ar There is no laboratory evi	nd HIV-1 p24 antigen were dence of HIV infection.	NOT detecte	d.		
RPR, Rfx Qn RPR/C	onfirm TP				
RPR	Non			Non Reactive	01
	Reactive				•
Labcorp San D 01 01 13112 Evening 4108	liego Greek Dr So Ste 200	, San Dieg	jo, CA 92	128- JennyGallo	owayMD
For inquiries, the phy END - Lab Result	sician may contact La	bcorp at 8	00-222-7!	566 858-668-3700	
BEGIN - Walk-in Vis	it				
	c-in Visit: (Blood Draw	, Urine,			
	c-in Visit				
,,	Aug 16 2022 @ 01:01	PM			
	el Herb				
,	el Herb				
Data Signed	Aug 16 2022 @ 01:44	DM			
- rue	Aug 10 2022 @ 01:44	FIVI			

Subjective

Exam

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Venipuncture, Specimen collection - Z13.0, E78.5, Z11.3-36415, 99000X

Complete blood count, Comprehensive metabolic panel, Lipid panel, Chlamydia & gonorrhea NAAT, genitourinary swab or urine, Chlamydia & gonorrhea NAAT, pharyngeal Aptima® swab, Chlamydia & gonorrhea NAAT, rectal Aptima® swab, HIV screening cascade, 4th generation, RPR with reflex treponemal antibodies (for screening if not previously infected)

END - Walk-in Visit

BEGIN - Miscellaneous Clinical Document

Note Title

Quest Order

Note Type

Miscellaneous Clinical Document

Date of

Mon Aug 15 2022 @ 02:42 PM

Service Created By

Deanna Wellere

Signed By

Deanna Wellere

Date Signed

Mon Aug 15 2022 @ 02:45 PM

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Laboratory Order

+ one medical

First Name: Michael DOB: 5/5/1966 Last Name: Darden Sex: Male Primary Insurance: Anthem Blue Cross of California Patient 1801 Shore Line Address: Dr Apartment 307 Primary Insurance ID: XDP241W06151 Primary Group No.: 281837M001 Alameda, CA 94501 Secondary Insurance: Self Pay Patient Phone: 917-868-8780 Secondary Insurance ID: Patient ID: 110786538 Secondary Group No.: Ordered by: Emanuel Vergis, Quest Account #: 94089002 MDCollection Date: Collection Time: NPI: 1962478495 Ordered on: 8/10/2022 Was Fasting: No PCP: Emanuel Vergis, Tube Inventory:

MD

Lab Ref #: 4692979

CLINICAL HISTORY

INDICATIONS

Z13.0, E78.5, Z11.3

LAB TESTS

QUEST MET	
	Common Chemistry
10231	Comprehensive metabolic panel
7600	Lipid panel
	Hematology/Coagulation
1759	Complete blood count
	Common Infectious
91431	HIV screening cascade, 4th generation
36126	RPR with reflex treponemal antibodies (for screening if not previously infected)
	Microbiology
11363	Chlamydia & gonorrhea NAAT, genitourinary swab or urine
16506	Chlamydia & gonorrhea NAAT, rectal Aptima® swab
	Other Tests
70051	Chlamydia & gonorrhea NAAT, pharyngeal Aptima® swab

One Medical Group, 595 Castro Street, San Francisco, CA 94114 Email: admin@onemedical.com | Tel: 888-663-6331 | Fax: 415-291-0489

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END - Miscellaneous Clinical Document

BEGIN - Laboratory Order

Note Title Laboratory Order Note Type Laboratory Order

-- one medical

595 Castro Street San Francisco, CA 94114 Phone: 888-663-6331 . Fax: 888-663-6331

Date of

Wed Aug 10 2022 @ 01:16 PM

Service

Created By

Emanuel Vergis, MD (NPI: 1962478495)

Signed By

Daniel Herb

Date Signed

Tue Aug 16 2022 @ 01:21 PM

Lab Ref#

42864220

Lab Order

One Medical, Oakland Tel: (888) 663-6331 | Fax: 415-291-0489

This lab order was generated using the New 1Life chart, Click here to view this order in this patient's New 1Life chart

LAB TESTS	QUEST	LABCORP
Complete blood count	1759	028142
Comprehensive metabolic panel	10231	322000
Lipid panel	7600	303756
Chlamydia & gonorrhea NAAT, genitourinary swab or urine	11363	183194
Chlamydia & gonorrhea NAAT, pharyngeal Aptima® swab	70051	188698
Chlamydia & gonorrhea NAAT, rectal Aptima® swab	16506	188672
HIV screening cascade, 4th generation	91431	083935
RPR with reflex treponemal antibodies (for screening if not previously infected)	012005	
INDICATIONS		ICD-10
Iron deficiency anemia screen	Z13.0	
Hyperlipidemia	E78.5	
Sexually transmitted infection and needed	Z11.3	

INSTRUCTIONS

To be collected on: 08/10/2022 Should Fast: Yes **Urgency:** Normal

Notes for Phlebotomist:

Send copy of results to:

COLLECTION DETAILS

Lab: Labcorp Lab Account #: 04177620 Collection Date: 08/16/2022 Collection Time(s): Was Fasting: Yes Notes for Lab:

Tube Inventory:

2 SST, 1 5mL GOLD, 1 LAV, 2 APTIMA SWABS (RECTAL & PHARYNGEAL), 1 NG/CT URINE APTIMA -LC - [REF]

Collected by: Daniel Herb

595 Castro Street San Francisco, CA 94114 Phone: 888-663-6331 • Fax: 888-663-6331 **END - Laboratory Order**

BEGIN - Office Visit

Chief Complaint 8-10-2022 REMOTE VISIT: ANNUAL EXAM

Note Type Office Visit

Date of Service Wed Aug 10 2022 @ 01:00 PM

Emanuel Vergis, MD (NPI: 1962478495) Created By Signed By Emanuel Vergis, MD (NPI: 1962478495)

Date Signed Wed Aug 10 2022 @ 01:18 PM

Subjective

Confirmed name and date of birth with patient

Patient verbally consented to virtual care

Visit held virtually due to efforts to reduce the spread of the COVID-19 virus

Michael presents for:

1. annual exam details

2. update me about migraine headache work-up; MRI showed small vessel disease, EEG results pending, sleep study showed mild sleep apnea;

3. Dr. Jilliam --> signed on disability form (permanent) for ongoing issues with anxiety/depression;

Exam

N/A

Procedures & Services

Assessment & Plan

Generalized anxiety disorder - F41.1

5/17/2021:

Started seeing a psychiatrist who increased the dose of escitalopram to 10 mg per day;

Follow-up scheduled with psychiatry later this week;

Scheduled f/u with me in 2-3 weeks;

6/16/2021:

dose of escitalopram 5 mg (decreased from 10 mg) and clonazepam 0.5 mg qday was started;

Follow-up with psychiatry;

Scheduled follow-up with me in one month;

SSDI to be completed by psychiatry (??);

7/20/2021:

Repeat GAD-7 survey;

Continue escitalopram/clonazepam;

Follow-up with me in 2-4 weeks;

updated return to work date to be mid October in the EDD website;

7/23/2021:

recent GAD-7 score is 21 which is unchanged from 4/23;

Question efficacy of treatment versus need for more intense therapy

continue with escitalopram 15 mg po QDAY;

no changes planned with medication doses according to his psychiatrist;

presumed component of PTSD;

I asked him to inquire if other modalities are being considered for treatment such as EMDR;

12/17/2021:

psychiatrist increased dose of bupropion to 300 mg per day;

sees psychiatrist every 3 months on average;

8/10/2022:

see A/P Severe depression

Hyperlipidemia - E78.5

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595 Castro Street San Francisco, CA 94114 Phone: 888-663-6331 • Fax: 888-663-6331 Check lipids in anticipation of annual exam;

Insomnia - TRAZODONE, MIRTAZAPINE - G47.00

5/17/2021:

Psychiatry prescribed trazodone 50 mg po QHS as needed (up to 3 lablets per night); Gabapentin was stopped;

7/20/2021:

continues to take trazodone 50 mg po as needed;

8/10/2022:

continues to take mirtazapine and Irazodone;

Severe depression - F32.2

5/17/2021:

See A/P Generalized anxiety disorder

7/26/2021: See A/P Generalized anxiety disorder

check TSH, RPR

7/28/2021:

F/U PHQ-9 score is 25;

no change from prior survey;

will discuss dose adjustment for LEXAPRO, but this is something that his psychiatrist needs to decide;

10/11/2021:

Overall no change in his status;

Switched to bupropion from escitalopram per his psychiatrist;

EDD form to reflect anticipated return to work in mid January;

F/U with me in ~ 4 weeks;

11/8/2021:

Overall no change in status, but seems to think that bupropion is making a difference for him;

He plans to see his psychiatrist in December;

EDD paperwork to transition to Dr. Jillian for him to manage;

Check in with me in December;

12/17/2021:

currently on increased dose of bupropion 300 mg per day;

8/10/2022:

follow-up with Dr. Jillian;

stable on bupropion 300 mg per day;

currently on permanent disability;

Vestibular migraine - G43.809

Characterized by dizziness, tinnitus;

10/11/2021:

he has noticed an uptick in headaches;

will identify an in-network provider for this;

discussed magnesium and B2 as preventatives;

118/2021:

Follow-up with neurology;

prior authorization for rimegepant pending;

12/17/2021:

NURTEC approved;

advised by his neurologist to take ASA 81 mg at onset of aural migraine symptoms;

8/10/2022:

Work-up thus far (MRI, sleep study) not identifying substantive cause of migraines;

EEG results pending;

No improvement following vestibular PT;

No longer taking NURTEC as this seemed to worsen his migralnes;

After Visit Guidance To Patient

Hi Michael,

I ordered the labwork for you. Plan to do this after an overnight fast. I included testing for STDs and HIV.

take care,

Manny

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595 Castro Street San Francisco, CA 94114 Phone: 888-663-6331 • Fax: 888-663-6331 END - Office Visit

BEGIN - Consult Note: Neurology

Consult Note: Neurology 5-27-2022 Note Title

Note Type Consult Note: Neurology Date of Fri May 27 2022 @ 02:09 PM Service

Created By Patricia Rodriguez

Emanuel Vergis, MD (NPI: Signed By

1962478495)

Date Signed Sat May 28 2022 @ 07:10 AM

- one medical

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athena

5/27/2022 4:24:27 pm EDT

b2d86513-cc9e-4d59-8014-496425d9c0c8

Page: 1/5

CONFIDENTIAL Fax

FROM:

PATRICIA MASKA, MD 5601 NORRIS CANYON RD STE 240, 5AN RAMON, CA 94583-5407 Phone: (510) 748-5363

TO:

EMANUEL VERGIS MD Fax: (415) 291-0489

Fax: (925) 289-4975

This fax may contain sensitive and confidential personal health information that is being sent for the sole use of the intended recipient. Unintended recipients are directed to securely destroy any materials received. You are hereby notified that the unauthorized disclosure or other unlawful use of this fax or any personal health information is prohibited. To the extent patient information contained in this fax is subject to 42 CFR Part 2, this regulation prohibits unauthorized disclosure of these records.

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5/27/2022 4:24:27 pm EDT

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Page: 2/5

PATRICIA SUZANNE MASKA, MD + 5601 NORRIS CANYON RD STE 240, SAN RAMON CA 94583-5407 DARDEN, Michael (id #10073, dob: 05/05/1966) PATRICIA SUZANNE MASKA MD 5601 NORRIS CANYON RD STE 240 SAN RAMON, CA 94583-5407 Phone: (510) 748-5363 Fax: (925) 289-4975

Encounter Summary - Progress Note Date Printed: 05/27/2022

Attention: Emanuel Vergis MD

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pallametelphalametliconess	เป็นผู้รู้เป็นเห็นเห็นเห็นเห็นเห็นเห็นเหตุแนนแบบแทนแบบแทนแบบแทนเห็นเห็นเห็นเห็นเห็นเห็นเห็นเห็นเห็นเห็	
Patient	Darden, Michael (56yo, M) #10073	
2 martin		
DOB	05/05/1966	

\$1131111111111111111111111111111111111	ma paramanananananananananananananananananan	emoralists
Address	1801 Shoreline Dr/Apt 307 Alameda, CA 94501-6084	Home Phone (917) 868-8780 Work Phone

	Patient Medical History:
Encounter Reason/Date	Seizure-like spells Followup: Snoring 05/27/2022 - 11:30AM - SAN RAMON
History of Present Illness	Reported by patient. Timing/Onset; time of onset of episodes 12-13 years ago Quality: no feeling of deja vu since last visit; no epigastric rising sensation as warning; no staring spells Associated Symptoms: amnesla associated with events; no incontinence associated with events; no tongue biting associated with events Notes: Gregory describes that when Michael is under more stress, that Michael has "rhythmic movements every 20-23 sec". Starts in arms and goes to legs. Gregory shows flexed movements of BUE and describes that the uppers would move upward about the shoulder joint. Isolated flexion of BUE q 20-30 sec. Isol flexion of BLE moving upward about the hip joint q 20-30 sec. Alt BUE, then BLE, then back and forth between BUE and BUE. Freq: q 20-23 sec. Worse w/ stress and sleep deprivation. If Gregory awoke Michael, the movements would improve. Bought a new mattress and it awoke Gregory less. Michael describes that times he hears a whoosh, then feels very lightheaded and then his head falls forward. Can last several min to an hour. Sleep Reported by patient. Associated Symptoms: excessive daytime sleepiness; snoring:; no witnessed apneas or startled awakenings; no urge to move legs; Increased motor activity at night (PLMS) Severity: not sleepy driving Video Tele-health visit used during the COVID-19 pandemic, Patient gave consent for tele-

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alhena 5/27/2022 4:24:27 pm EDT

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Page: 3/5

	health visit.				
	Pt w/ husband Gregory in visit.				
	New Issue: "motor seizures at night".				
	Gregory indicates that his psychiatrist made him permanently disabled fo	r psych iss	ues.		
	Did not tol qulipta (LH, tinnitus), so stopped it.				
	Did vestib rehab at ABSCM.				
Past Medical History	Discussed Past Medical History Anxiety Disorder: Y Depression: Y Headaches: Y Heart Problems: Y - MVP Migraines: Y Kidney Disease: N - no kidney stones Notes: PTSD				
Problem List					
Allergles List	Reviewed Allergies				
	PENICILLINS				
Medications	Reviewed Medications		**********		
	buPROPion HCL XL 300 mg 24 hr tablet, extended release TAKE 1 TABLET BY MOUTH EVERY DAY	05/16/22	fille		
	clonazePAM 0.5 mg tablet TAKE 1 TABLET BY MOUTH DAILY AS NEEDED FOR ANXIETY	04/12/22	fille		
	escitalopram 5 mg tablet	12/14/21	3-6-		
	mirtazapine 15 mg tablet TAKE 1 TABLET(S) BY ORAL ROUTE AT BEDTIME TIMES PER DAY, FOR 30 DAYS	05/17/22	filled		
	traZODone 50 mg tablet TAKE 1-2 TABLET(S) BY ORAL ROUTE , AT BEDTIME AS NEEDED INSOMNIA , FOR 30 DAYS	05/16/22	filled		
Social History	Reviewed Social History Education and Occupation What is the highest grade or level of school you have completed or the highest grade or level of school you have completed or the highest grade or level of school you have completed or the highest received?: Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) Instructional designer) Are you currently employed?: No (Notes: disability since 04/21) Diet and Exercise What type of diet are you following?: Regular What is your exercise level?: Moderate Activities of Dally Living Are you able to care for yourself?: No Are you able to care for yourself?: No Are you deaf or do you have difficulty seeing?: No Are you deaf or do you have serious difficulty hearing?: No Do you have difficulty concentrating, remembering or making decisions?: Y Do you have difficulty walking or climbing stairs?: No Do you have difficulty doing errands alone?: Yes Which of your hands is dominant?: Right Public Health and Travel Have you been to an area known to be high risk for COVID-19?: No In the 14 days before symptom onset, have you had close contact with a life of the property	(Notes:			

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5/27/2022 4:24:27 pm EDT

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Page: 4/5

	under investigation for COVID-19 while that person was ill?: No Substance Use Do you or have you ever smoked tobacco?: Never smoker Do you or have you ever used any other forms of tobacco or nicotine?: No What is your level of alcohol consumption?: None What is your level of caffeine consumption?: Occasional Advanced Directive Do you have an advanced directive?: Yes Marriage and Sexuality What is your relationship status?: Married (Notes: husband Gregory) Lifestyle Do you feel stressed (tense, restless, nervous, or anxious, or unable to sleep at night)?: To some extent Do you use your seat belt or car seat routinely?: Yes			
Family History	Discussed Family History Mother - Dementia - Hypertensive disorder - Hyperlipidemia Father - Hypertensive disorder - Hyperlipidemia - Congestive heart failure - Coronary artery bypass grafts x 3 no seizures			
Review of Systems	None recorded			

Exam:

Vitals	Ht:	5 ft 5 in Standing 05/27/2022 11:29 am	Wt:	165 lbs With clothes 05/27/2022 11:30 am	BMI:	27.5 05/27/2022 11:30 am
	BP:	120/75 05/27/2022 11.49 am	Pulse:	45 bpm 05/27/2022 11:31 am	7:	97.3 F° 05/27/2022 11:30 am
		0 05/27/2022 11:30 am	***************************************			ilminimiani mareni mare
Physical	General Appearance: Appearance no acute distress. Habitus well nourished. Head: Appearance atraumatic. Mental Status: Level of consciousness alert and attentive. Mood, Affect normal mood, euthymic and affect congruent with mood. Attention/Concentration: normal attention and concentration. Orientation oriented to place and situation and orientated to person. Language, Speech no dysarthria or aphasia or dysphasia noted and normal fluency. Memory, Recall recent memory grossly normal. Cranial Nerves: Cranial Nerves III, IV, & VI normal extraocular movements. Cranial Nerve V no jaw deviation on jaw opening. Cranial Nerve VII no facial weakness noted, approximately symmetric smile and forehead contraction, and symmetric puffing of cheeks. Cranial Nerve XI shoulder shrug symmetric. Cranial Nerve XII tongue midline. Motor: General Motor Exam normal alternating motions Bilateral UE (opening & closing hands) and (pronating & supinating forearms) and no pronator drift, forearm rolling symmetric, and symmetric finger tapping. Coordination: Coordination no tremor, dysdiadochokinesia, bradykinesia Bilateral UE, or upper extremity dysmetria by finger-to-nose movement and No dyskinesia noted.					
Results/ Interpretat	None recorder lons					
Document History	Discussed the following documents: Sports Medicine - Hospital Encounter - Colin Ng, Sutter Health Affiliates and Community					

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5/27/2022 4:24:27 pm EDT

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Page: 5/5

Connect Practices - 03/24/22 Sports Medicine - Hospital Encounter - Colin Ng, Sutter Health Affiliates and Community Connect Practices - 03/24/22 Procedure None recorded Documentation

Assessment and Plan:

Assessment and Plan

Time spent: 42 min

Record review: 2 min Chart prep: 2 min

Discussion/exam time spent with patient/care partner: 15 min

Risk assessment: possible seizure, testing options, medication options, lifestyle changes:

Referrals/care coordination: 1 min Charting: 7 min

f/u in 6 weeks

Nonspecific paroxysmal spell -

Michael has periodic movements of BUE and BLE that are periodic, q 20-30 seconds and he is amnestic for these. These sound most like PLMS. Michael does not endorse RLS while awake, Overall I doubt motor Sz. Reasonable to pursue an EEG, cranial MRI. No current indication for ASM/AED meds. I answered questions re: ddx, testing, meds. R41.89: Other symptoms and signs involving cognitive functions and awareness MRI, BRAIN + BRAIN STEM, W/O CONTRAST - Note to Imaging Facility: Involuntary

motor activity during sleep

Height (ft.): 5 ft 5 in Weight (lbs): 164

 ELECTROENCEPHALOGRAM - Note to Imaging Facility: Involuntary motor activity during sleep

2. Snoring

As before, EDS, suspected apneas. As before, HST inconclusive. I will request a PSG. I answered questions re: testing, ddx. R06.83: Snoring

SNORING: CARE INSTRUCTIONS

POLYSOMNOGRAM - Note to Imaging Facility: Indeterminate HST, Suspect PLMS. Need to eval for OSA. Snoring, EDS. Pt can take trazodone, remeron, clonazepam prn.

3. Sulcidal thoughts -

Passive SI. Contracts for safety. He has a support system for psych issues. Has psychiatrist and a therapist.

R45.851: Suicidal ideations SUICIDAL THOUGHTS IN A FAMILY MEMBER: CARE INSTRUCTIONS

Return to Office

to see Patricia Maska, MD for Telemedicine at SAN RAMON on or around 07/08/2022

Electronically Signed by: PATRICIA MASKA, MD

05/27/2022

PATRICIA SUZANNE MASKA, MD

Darden, Michael (ID: 10073), DOB: 05/05/1966

END - Consult Note: Neurology

BEGIN - Medical Record: Unedited

Note Title

Medical Record: Unedited// Disability | Department of Social Services

Note Type Medical Record: Unedited

-- one medical

595 Castro Street San Francisco, CA 94114 Phone: 888-663-6331 • Fax: 888-663-6331 Date of Fri May 13 2022 @ 08-57 AM

Service

Fri May 13 2022 @ 08:57 AM

Created By

Christina Lujan

Signed By **Date Signed**

Christina Lujan Fri May 13 2022 @ 08:59 AM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF SOCIAL SERVICES

S05 CA DDS OAKLAND PO BOX 30722 SALT LAKE CITY, UT 84130-9858

FAX: 1-866-640-1126

April 29, 2022

ONE MEDICAL MEDICAL RECORDS 595 CASTRO ST SAN FRANCISCO CA 94114

This Bar Code Page is the Return Cover Sheet for Records.

Important: This bar code page must be the top page of your response. Invoices must be placed directly behind this page as the second page submitted. All other documents, including invoices, must be placed behind this page. *If you are sending records for more than one individual, you may fax or mail them at the same time, as long as each individual's bar code page is sequenced as the first page of that individual's records.

FAX Records Toll Free to 1-866-640-1126.

You can upload electronic records if you are registered on the Electronic Records Express Secured Website. For info www.socialsecurity.gov/ere

If mailing, this page must be on top of your records. Slide this page into the return window envelope with this address showing.

Save Time and Money! Receive Faster Payments for Records! Fax or Scan your records. Both methods are HIPAA compliant and preferred for security, speed, and efficiency.

SSN:****** DOCTYPE:0001 RF:D CS:4f4d

Claimant: MICHAEL DARDEN SSN: ***-**-6330 DOB: 05/05/1966 Gavin Newsom, Governor

S05/K23/DBVALD



T LAKE CITY, UT 84130-9858 S05 CA DDS OAKLAND

-- one medical

595 Castro Street San Francisco, CA 94114 Phone: 888-663-6331 • Fax: 888-663-6331

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

Gavin Newsom, Governor S05/K23/DBVALD

DEPARTMENT OF SOCIAL SERVICES S05 CA DDS OAKLAND

PO BOX 30722 SALT LAKE CITY, UT 84130-9858

FAX: 1-866-640-1126

April 29, 2022

ONE MEDICAL MEDICAL RECORDS 595 CASTRO ST SAN FRANCISCO CA 94114

RE: MICHAEL DARDEN

AKA:

SSN: ***-**-6330

DOB: 05/05/1966

DDS CASE NUMBER: 1355878 REQUEST NUMBER: 4487721

PATIENT NUMBER:

SERVICE VENDOR NUMBER: J292496

The above-named individual has applied for disability benefits under the Social Security Act. This agency is responsible for adjudicating the claim. Your institution has been identified as a source of medical evidence for the claimant.

Thank you for your prior report. Additional or current information is now needed.

IDENTIFYING INFORMATION:

Adm/Dschg Dates:

10/12/2021 to present

Outpatient Dates:

10/12/2021 to present

Patient No:

Please note that this is a request for all records during the dates of treatment period, and is not limited to records pertaining to the alleged impairments listed below.

Alleged Impairments:

MAJOR DEPRESSIVE DISORDER; GENERALIZED ANXIETY DIS ORDER; PANIC DISORDER; INSOMNIA; MIGRAINES; TINNIT US; MITRAL VALVE PROLAPSE; SPOTS BEFORE EYES;, Condition Changed Start Date 04/07/2022, Condition Changed Description ATYPICAL MIGRAINES, TINNITUS, NO T RESPONDING TO 2 DIFFERENT NEW AND ADVANCED MEDIC ATIONS. SYMPTOMS: CONSTIPATION; DIZZINESS; FATIGUE; FREQUENT URINATION; IRREGULAR HEARTBEAT; LACK OF BALANCE; LACK OF GRIP STRENGTH; LACK OF STAMINA; LIGHTHEADEDNESS; LIMITED RANGE OF MOTION; MUSCLE S PASMS; NUMBNESS; PAIN; SKIN PROBLEMS; SLURRED SPEE CH; STIFFNESS; STUTTERING; SWELLING; TIGHTNESS IN CHEST; TINGLING; TREMORS/SHAKINESS; TROUBLE SLEEPI MEF RH1 (08/17)

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DEA: DBVALD DDS CASE NUMBER: 1355878 REQUEST NUMBER: 4487721

NG/INSOMNIA; WEAKNESS; HEADACHES; MIGRAINES; HALLU CINATIONS; VISION PROBLEMS (STATUTORY BLINDNESS); HEARING PROBLEMS; FLASHBACKS; IRRITABILITY; MOOD S WINGS; NIGHTMARES; OBSESSIVE BEHAVIOR OR THOUGHTS; ANXIETY; DEPRESSION; PANIC ATTACKS; PARANOIA. LIM ITATIONS: BENDING; KNEELING; LIFTING; REACHING; SI TTING; SQUATTING; STAIR CLIMBING; STANDING; USING

INCLUDE THE FOLLOWING INFORMATION IF APPLICABLE:

Adm, H & P, Dchg.Sm.
Consultations
CT/MRI Reports
EKG W/Tracings
Lab Tests
Operative Notes
Outpatient Notes
Psychological Tests
PT Progress Notes
Psychiatric Consult
Pathology Reports
X-Ray Reports

FOR ADULTS

We would also like to have a statement, based on your medical findings, expressing your opinion about the claimant's ability, despite the functional limitations imposed by the impairment(s) to do work-related physical and/or mental activities as appropriate:

Physical activities such as sitting, standing, walking, lifting, carrying, handling objects, hearing, speaking and traveling.

Mental activities such as understanding and memory; sustained concentration and persistence; social interaction; and adaptation.

FOR CHILDREN

We would also like to have a statement, based on your medical findings, expressing your opinion about the child's functional limitations in learning, motor functioning, performing self-care activities, communicating, socializing, completing tasks and responsiveness to stimuli.

A <u>reasonable</u> fee, as determined by this agency, may be paid upon request. Your request must be in writing on a separate form and must be attached to your response. To insure prompt payment, send your report <u>within 14 days</u>. It is our policy to not routinely pay for medical reports received more than 90 days after the date of the first request. Enclosed is an authorization for release of information.

PLEASE RETURN A COPY OF THIS LETTER WITH YOUR RESPONSE.

MR. DEREK V/K23, Disability Eval. Analyst III MEF RH1 (08/17)

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DEA: DBVALD DDS CASE NUMBER: 1355878 REQUEST NUMBER: 4487721

(510) 622-3628

THIS REQUEST IS BEING RETURNED. WE DO NOT HAVE THE INFORMATION REQUESTED. PLEASE PROVIDE DATE LAST SEEN:

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(4) (4)				
• •	MAJOR D	anula ta ha Dinalanad		Form Approved
4 6	NAME (First	cords to be Disclosed , Middle, Last, Suffix)		OMB No. 0980-0623
9 a	Michael I	-		AND COMMERCIAL PROPERTY OF THE
3.	SSN 5779	66330	Birthday (mm/dd/yy) 05/05/	/66
4. Ei				
- Parish				
AUTHOR	ZATION TO DIS	CLOSE INFORM	IATION TO	
	CIAL SECURITY			
The state of the s	HE ENTIRE FORM, B			40
OF WHAT All my medical records perform tasks. This includes spec	<u>s: also education rec</u>	ords and other infor	tronic interchange): mation related to my	ability to
4. All records and other information regarding including, and not limited to:	ding my treatment, hospit	alization, and outpatient o	are for my Impairment(s)	
Psychological, psychiatric or other me Drug abuse, alcoholism, or other subs Sickle cell anemia		s *psycholherapy noles* as	defined in 45 CFR 164.501)
Records which may indicate the prese Gene-related impairments (including	genetic test results)			
Information about how my impairment(a Copies of educational tests or evaluations, and any other reco	ns, including Individualiz	ed Educational Programs.	triennial assessments, p	sychological and
4. Information created within 12 months at FROM WHOM	fter the date this authoriza	ition is signed, as well as	past Information.	
. All medical sources (hospitals, clinics, lai			as needed) Additional info	
physicians, psychologists, etc.) including mental health, correctional, addiction	the subject (e.g., ou	er names used), the spec	ific source, or the material	to de disclosed:
treatment, and VA health care facilities All educational sources (schools, teachers	Organization:			
records administrators, counselors, etc.) Social workers/rehabilitation counselors	Inpatient Date	: 595	ISCO 94114	
Consulting examiners used by SSA	Patient DOB:	e: 10/12/2021 to present 05/05/66		
compensation programs				
Others who may know about my condition Ch (family, neighbors, friends, public officials)				
TO WHOM The Social Security Admit determination services"), in process. [Also, for internation of the control o	nistration and to the State cluding contract copy se	vices, and doctors or oth	er professionals consulte	
RURPOSE Determining my eligibility	for benefits, including look	ing at the combined effect o	f any impairments that	
by themselves would not m Determining whether is	neet SSA's definition of disa am capable of managing	*	- · ·	
EXPIRES WHEN This authorization is g	ood for 12 months from the	date signed (below my sign	ature).	
I authorize the use of a copy (including ele- tion to the companies of a copy (including ele- tion). I may write to SSA and my sources to revo- SSA will give me a copy of this form if I as	ances in which this informations the second at any	ion may be redisclosed to o time (see page 2 for details	ther partles (see page 2 for s).	·
I have read both pages of this form and				authority to also
PLEASE SIGN USING BLUE OR BLACH INDIVIDUAL authorizing disclosure	Parent	of minor Guardian	Other personal repr (explain)	esentative
SIGN > MURADAN		an/personal representative sign natures required by State law)	'	
Date Signed 05/19/2021	Street Address 1801 Shoreline Drive, A			
Phone Number (with area code) 9178688780	City ALAMEDA		State CA	ZIP 94501
WITNESS I know the person signing th	is form or am satisfied o	this person's identity:	ss sign here (e.g., If signed	with "X" above)
SIGN >		SIGN >	aa agii nara (a.y., ii sigilau	
Phone Number (or Address)		Phone Number (or Addre	185)	

This general and special authorization to disclose was developed to comply with the provisions regarding disclosure of medical, educational, and other information under P.L. 104-191 ("HIPAA"); 45 CFR parts 160 and 164; 42 U.S. Code section 290dd-2; 42 CFR part 2; 38 U.S. Code section 7332; 38 CFR 1.475; 20 U.S. Code section 1232g ("FERPA"); 34 CFR parts 99 and 300; and State law.

Form SSA-827 (11-2012) ef (11-2012) Use 4-2009 and Later Editions Until Supply is Exhausted

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Explanation of Form SSA-827,
"Authorization to Disclose Information to the Social Security Administration (SSA)"

We need your written authorization to help get the information required to process your claim, and to determine your capability of managing benefits. Laws and regulations require that sources of personal information have a signed authorization before releasing it to us. Also, laws require specific authorization for the release of information about certain conditions and from reducational sources.

You can provide this authorization by signing a form SSA-827. Federal law permits sources with information about you to release that information if you sign a single authorization to release all your information from all your possible sources. We will make copies of it for each source. A covered entity (that is, a source of medical information about you) may not condition treatment, payment, enrollment, or eligibility for benefits on whether you sign this authorization form. A few States, and some individual sources of information, require that the authorization specifically name the source that you authorize to release personal information. In those cases, we may ask you to sign one authorization for each source and we may contact you again if swe need you to sign more authorizations.

the take an action. To revoke, send a written statement to any Social Security Office. If you do, also send a copy directly to any of your sources that you no longer wish to disclose information about you; SSA can tell you if we identified any sources you didn't tell us about. SSA may use information disclosed prior to revocation to decide your claim.

It is SSA's policy to provide service to people with limited English proficiency in their native language or preferred mode of communication consistent with Executive Order 13166 (August 11, 2000) and the Individuals with Disabilities Education Act. SSA makes every reasonable effort to ensure that the information in the SSA-827 is provided to you in your native or preferred language.

Privacy Act Statement Collection and Use of Personal Information

Sections 205(a), 233(d)(5)(A), 1614(a)(3)(H)(i), 1631(d)(l) and 1631(e)(l)(A) of the Social Security Act as amended, [42 U.S.C. 405(a), 433(d)(5)(A), 1382c(a)(3)(H)(i), 1383(d)(l) and 1383(e)(l)(A)] authorize us to collect this information. We will use the information you provide to help us determine your eligibility, or continuing eligibility for benefits, and your ability to manage any benefits received. The information you provide is voluntary. However, failure to provide the requested information may prevent us from making an accurate and timely decision on your claim, and could result in denial or loss of benefits.

We rarely use the information you provide on this form for any purpose other than for the reasons explained above. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, including but not limited to the following:

 To enable a third party or an agency to assist us in establishing rights to Social Security benefits and/or coverage;

102. To comply with Federal laws requiring the release of information from our records (e.g., to the Government Accountability
101. Office, General Services Administration, National Archives Records Administration, and the Department of Veterans Affairs),
101. To make determinations for eligibility in similar health and income maintenance programs at the
101. Federal, State, and local level; and

4n 4. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity and improvement of our programs (e.g., to the U.S. Census Bureau and to private entities under contract with us).

We may also use the information you provide in computer matching programs.

Matching programs compare our records with records kept by other Federal, State, or local government agencies. We use the information from these programs to establish or verify a person's eligibility for Federally funded or administered benefit programs and for repayment of incorrect payments or delinquent debts under these programs.

A complete list of routine uses of the information you gave us is available in our Privacy Act Systems of Records Notices entitled, Claims Folder System, 60-0089; Master Beneficiary Record, 60-0090; Supplemental Security Income record and Special Veterans benefits, 60-0103; and Electronic Disability (eDIB) Claims File, 0-0340. The notices, additional information regarding this form, and information regarding our systems and programs, are available on-line at www.specialsecurity.gov or at any Social Security office.

PAPERWORK REDUCTION ACT

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the <u>Paperwork Reduction Act of 1995</u>. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 10 minutes to read the instructions, gather the facts, and answer the questions. SEND OR BRING IN THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. You can find your local Social Security office through SSA's website at www.socialsecurity.gov. Offices are also listed under U.S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778). You may said comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.

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To

From: Christina Lujan

595 Castro Street San Francisco, CA 94114

431

phone: 888-663-6331 fax: 415-291-0489

Patient

Patient

Michael Darden 05/05/1966

DOB Sex

M

PCP

Emanuel Vergis, MD

Patient ID

110786538 1801 Shore Line Dr

Address

Apartment 307 Alameda, CA 94501

Anthem Blue Cross of California PPO Member ID: XDP241W06151 Effective At: 01/01/2021

Policy Holder: Michael Darden (Self)

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Active Medications

aspirin

81 mg DR tabs, 1 tab PO qday as needed for migraine aura

bupropion HCI

300 mg extended release PO qam

clonazepam

0.5 mg tabs, 1 tab PO qday as needed for anxiety

Nurtec ODT

75 mg rapid dissolve PO once as needed for migraine headache

trazodone

50 mg tabs, 1 - 3 tabs PO qhs as needed for insomnia

Notes

BEGIN - Consult Letter

Note Title NEUROLOGY Consult Letter 2-3-2022

Note Type Consult Letter

Date of Service Mon Feb 07 2022 @ 06:19 AM

Created By Erica Reinganum

Signed By Emanuel Vergis, MD (NPI: 1962478495)

Date Signed Tue Feb 15 2022 @ 07:03 AM

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2/3/2022 2:37:25 pm EST

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Page: 1/5

CONFIDENTIAL Fax

FROM:

PATRICIA MASKA, MD 985 ATLANTIC AVE STE 300, ALAMEDA, CA 94501-6447 Phone: (510) 748-5363 Fax: (925) 289-4975

TO:

EMANUEL VERGIS MD Fax: (415) 291-0489

This fax may contain sensitive and confidential personal health information that is being sent for the sole use of the intended recipient. Unintended recipients are directed to securely destroy any materials received. You are hereby notified that the unauthorized disclosure or other unlawful use of this fax or any personal health information is prohibited. To the extent patient information contained in this fax is subject to 42 CFR Part 2, this regulation prohibits unauthorized disclosure of these records.

If you received this fax in error, please visit www.athenahealth.com/NotMyFax to notify the sender and confirm that the information will be destroyed. If you do not have internet access, please call 1-888-482-8436 to notify the sender and confirm that the information will be destroyed. Thank you for your attention and cooperation. [ID:686701-H-3387]

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2/3/2022 2:37:25 pm EST

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Page: 2/5

PATRICIA SUZ ANNE MASKA, MD + 985 ATLANTIC AVE STE 300, ALAMEDA CA 94501-6447 DARDEN, MICHAEL (id #10073, dob: 05/05/1966) PATRICIA SUZANNE MASKA MD 985 ATLANTIC AVE STE 300 ALAMEDA, CA 94501-6447 Phone: (510) 748-5363 Fax: (925)289-4975

Encounter Summary - Progress Note Date Printed: 02/03/2022

Attention: Emanuel Vergis MD

This fax may contain sensitive and confidential personal health information that is being sent for the sole use of the intended recipient. Unintended recipients are directed to securely destroy any materials received. You are hereby notified that the unauthorized disclosure or other unlawful use of this fax or any personal health information is prohibited. To the extent patient information contained in this fax is subject to 42 CFR Part 2, this regulation prohibits unauthorized disclosure of these records.

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Similar parametra francis entra est fared	Management in the control of the	
Patient	Darden, Michael (55yo, M) #10073	
prospentianni handani	меньи выправления применения применения выправления вы	
DOB	05/05/1966	
tionsomment of the same of the	<u> </u>	

Patient Demographics:

Address	1801 Shoreline Dr/Apt 307	Home Phone (917) 868-8780
	Alameda, CA 94501-6084	Work Phone

Patient Medical History

	Patient Medical History:
Encounter Reason/Date	Followup: Migraine with aura Followup: Vertigo Followup: Snoring 02/03/2022 - 10:30AM - PSM
History of Present Iliness	Headache - f/up Reported by patient. Timing of pain: frequency of overall cephalalgia: days/month (14); worse since 10/21 Treatment (modifying factors): Tried Nurtec 8 nights in a row, and felt vertigo and had timitus "within seconds" of taking it. An hour later, started to calm down. Tried ASA 81 mg qd x 8 days w/o benefit so stopped. Severity of pain: pain level: migraine 7-10/10; milder HA 1-3/10. Has at least PS 3-4/10 at least a couple of hours per day.
	Sleep Reported by patient. Associated Symptoms: excessive daytime sleepiness; suspected respiratory events: startled awakenings; Gregory notes a EDS after a heavy meal.
	Vertigo Reported by patient. Quality: true vertigo: spinning sensation Location: tinnitus constant Duration: symptoms constant; vertigo fluctuates Aggravating factors (modifying factors): symptoms worse with position change; symptoms exacerbated by head movement to either side
	Video Tele-health visit used during the COVID-19 pandemic. Patient gave consent for tele- health visit. Michael ok w/ husb Gregory in visit. Gregory is an RN. Discussed Past Medical History Anxiety Disorder: Y

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	Depression: Y Headaches: Y Heart Problems: Y - MVP Migraines: Y Kidney Disease: N - no kidney stones Notes: PTSD		
Problem List	Reviewed Problems Body mass index 25-29 - overweight - Onset: 02/03/2022 Migraine with aura - Orset: 11/01/2021 Vertigo - Onset: 11/01/2021 Headache - Onset: 11/01/2021 Snoring - Onset: 11/01/2021		
Allergies List	Reviewed Allergies	er-inus ilum ilum	****************
	PENICILLINS	enecitative contractorismo	imingan minan
Medications	Reviewed Medications	Application of the same of the	117-14-1190-11-11-11-11-11-11-11-11-11-11-11-11-11
	buPROPion HCL XL 300 mg 24 hr tablet, extended release TAKE 1 TABLET BY MOUTH EVERY DAY		
	clonazePAM 0.5 mg tablet	11/27/21	filled
	escitalopram 5 mg tablet	12/14/21	filled
	Qulipta 10 mg tablet Take 1 tablet(s) every day by oral route for 30 days.	02/03/22	prescribed
	traZODone 50 mg tablet	09/24/21	filled
	Diet and Exercise What type of diet are you following?: Regular What is your exercise level?: Moderate Activities of Daily Living Are you able to care for yourself?: No Are you blind or do you have difficulty seeing?; No Are you deaf or do you have serious difficulty hearing?: No Do you have difficulty concentrating, remembering or making dec Do you have difficulty walking or climbing stairs?: No Do you have difficulty dessing or bathing?: Yes Do you have difficulty doing errands alone?: Yes Which of your hands is dominant?: Right Public Health and Travel Have you been to an area known to be high risk for COVID-19?: No In the 14 days before symptom onset, have you had close contactonfirmed COVID-19 while that case was ill?: No In the 14 days before symptom onset, have you had close contactonfirmed COVID-19 while that person was ill?: No Substance Use Do you or have you ever smoked tobacco?: Never smoker Do you or have you ever used any other forms of tobacco or nice What was the date of your most recent tobacco screening?: 02/0 What is your level of alcohol consumption?: None What is your level of caffeine consumption?: Occasional Advanced Directive Do you have an advanced directive?: Yes Marriage and Sexuality What is your relationship status?: Married (Notes: husband Grego	lo ct with a labor ct with a perso otine?: No 03/2022 ory)	on who is
	Do you feel stressed (tense, restless, nervous, or anxious, or una		

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2/3/2022 2:37:25 pm EST

	11	- Hypertensive disorder
	municipalities of the second s	- Hyperlipidemia
	Father	- Hypertersive disorder
		- Hyperlipidemia
	1	- Congestive heart failure
		- Coronary artery bypass grafts x 3
	20mminum minum min	
Review of	None recorded	

************************		othinialminialminithicaling	Exam:	atmanatatatatatata	rates to a to	
Vitals	Ht:	5 ft 5 in Standing 02/03/2022 10:00 am	Wt:	150 lbs With clothes 02/03/2022 10:01 am		25.02/03/2022 10:01 am
	BP:	Not Performed - Patient refused 02/03/2022 10:00 am	Pulse:	60 bpm 02/03/2022 10.03 am		97.8 F° 02/03/2022 10.08 am
		6 02/03/2022 10:02 am				100001111010000100100100100100100
Physical Exam	General App Head: Appea Mental Stat euthymic and concentration Language, Sp	rance atraumatic. us: Level of consci affect congruent w , Orientation orient	iousness ale ith mood. A ed to place or aphasia	ert and attentive. National and attention and attention and and situation and or dysphasia noternal.	lood, Affect tion: normal orientated I	normal mood, attention and to person.
Results/ Interpretat	None recorde lons	d				
Document History	HOME SLEEP	he following doc TESTING* - 12/28/	uments: 21			
Procedure Documental	None recorde	d	the contract of the			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

Assessment and Plan Record review: 2 min Chart prep: 2 min Discussion/exam time spent with patient/care partner: 12 min Risk assessment: time taken to review E&M and ddx w/ husband Gregory (1st visit w/ Gregory present), anwering questions, testing options, medication options, lifestyle changes: 25 min Referrals/care coordination: 1 min Charting: 7 min I/u in 4 weeks 1. Migraine with aura Episodic migraine. Baseline headache days per month: 14, lasting more than 4 hours per day. Did not tol Nurtec. Needs intervention. We discussed the R&B of other meds and decided on Qulipta, He wants to avoid injections. They asked about a cranial MRI. I indicated that I don't think he needs a repeat MRI at this time. They are fine not doing an MRI for now. I answered numerous questions re: testing, meds, prevention.

Assessment and Plan:

12/19/24, 12:42 PM

Tc.columbia.edu Ma

edical Records Request, Anthem, Physical, Claim Ap.

lion, Determination Assessment, Long-Term D...



Darden, Michael <mad2255@tc.columbia.edu>

Medical Records Request, Anthem, Physical, Claim Application, Determination Assessment, Long-Term Disability, Michael Darden 3

Darden, Michael <mad2255@tc.columbia.edu> To: tanita.lee@anthem.com Tue, Mar 21, 2023 at 11:46 AM

Attached:

PART 3 OF 3 EMAIL TRANSMISSIONS

Satisfactory?

Thank you kindly, and take care,

Michael Michael Darden 917-868-8780



Michael Darden Dr. Emanuel Vergis One Medical Healthcare Record includes Maska UCSF Sharon - Copy pages 88-174.pdf 15984K

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Preventive meds tried: Nurtec (did not tolerate), VPA, Elavil, lexapro, bupropion, GBN 300 mg, lorazepam

OTC preventives tried: B2, magnesium
G43.109: Migraine with aura, not intractable, without status migrainosus
MIGRAINE AURA WITHOUT A HEADACHE: CARE INSTRUCTIONS

Qullpta 10 mg tablet - Take 1 tablet(s) every day by oral route for 30 days. Qty: 30 tablet(s) Refills: 2 Pharmacy: CVS/PHARMACY #9255 Note to Pharmacy: Preventive meds tried: Nurtec (did not tolerate), VPA, Elavil, lexapro, bupropion, GBN Qty: 30 300 mg, lorazepam

Long h/o vertigo. May be multifactorial: BPPV, migraine related vertigo, PPPD. Needs intervention. I advise a trial of vestib rehab. We discussed Migraine related vertigo and PPPD. I am optimistic that Qulipta may help the former as well. I answered numerous questions re: testing, meds, ddx, testing.
R42: Dizziness and giddiness
VESTIBULAR THERAPY REFERRAL - Schedule Within: provider's discretion

Provider: Vestib rehab. vertigo can be positional. May have underlying PPPD and migrainous vertigo. Menandro,

3. Snoring -

EDS, suspected apneas. HST inconclusive. Needs further eval. We discussed doing a PSG. They want to hold off and see how the other interventions help. I answered numerous questions re: clinical presentations of OSA, testing of OSA.

R06.83: Snoring
SNORING: CARE INSTRUCTIONS

4. Body mass Index 25-29 - overweight -Consider nutrition eval

Z68.25: Body mass index [BMI] 25.0-25.9, adult
LEARNING ABOUT HEALTHY WEIGHT
NUTRITIONIST/DIETITIAN REFERRAL - Schedule Within: provider's discretion

Return to Office

to see Patricia Maska, MD for Telemedicine at PSM on or around 02/24/2022

Electronically Signed by: PATRICIA MASKA, MD

02/03/2022

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END - Consult Letter

BEGIN - Consult Letter

Note Title

NEUROLOGY - MIGRAINE HEADACHE Consult Letter

Note Type

Consult Letter

Date of Service

Mon Dec 20 2021 @ 07:33 PM

Created By

Zara Hernandez

Signed By

Emanuel Vergis, MD (NPI: 1962478495)

Date Signed

Tue Dec 21 2021 @ 06:52 AM

595 Castro Street San Francisco, CA 94114 Phone: 888-663-6331 • Fax: 888-663-6331

athena

12-16-2021 5:25 PM ET

511-185786724

pg 1 of 5

440

CONFIDENTIAL Fax

FROM:

PATRICIA MASKA, MD 985 ATLANTIC AVE STE 300, ALAMEDA, CA 94501-6447 Phone: (510) 748-5363 Fax: (925) 289-4975

TO:

EMANUEL VERGIS MD Fax: (415) 291-0489

This fax may contain sensitive and confidential personal health information that is being sent for the sole use of the intended recipient. Unintended recipients are directed to securely destroy any materials received. You are hereby notified that the unauthorized disclosure or other unlawful use of this fax or any personal health information is prohibited. To the extent patient information contained in this fax is subject to 42 CFR Part 2, this regulation prohibits unauthorized disclosure of these records.

If you received this fax in error, please visit www.athenahealth.com/NotMyFax to notify the sender and confirm that the information will be destroyed. If you do not have internet access, please call 1-888-482-8436 to notify the sender and confirm that the information will be destroyed. Thank you for your attention and cooperation. [ID:674810-H-3387]

: one medical

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12-16-2021 5:25 PM ET

511-185786724

pg 2 of 5

PATRICIA SUZANNE MASKA.MD • 985 ATLANTIC AVE STE 300, ALAMEDA CA 94501-6447

DARDEN, MICHAEL (id #10073, dob: 05/05/1966)

PATRICIA SUZANNE MASKA MD

985 ATLANTIC AVE STE 300

PATRICIA 302ANNE MASKE 985 ATLANTIC AVE STE 300 ALAMEDA, CA 94501-6447 Phone: (510) 748-5363 Fax: (925)289-4975

Encounter Summary - Progress Note

Date Printed: 12/16/2021

Attention: Emanuel Vergis MD

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If you received this fax in error, please visit www.athenahealth.com/NotMyFax to notify the sender and confirm that the information will be destroyed. If you do not have internet access, please call 1-888-482-8436 to notify the sender and confirm that the information will be destroyed. Thank you for your attention and cooperation. [ID:674810-H-3387]

Patient	Darden, Michael (55yo, M) #10073	
***************************************	05/05/1966	

Patient Demographics:

Address	1801 Shore Line Dr Apt 307	Home Phone (917) 868-8780
	Alameda, CA 94501	Work Phone

Patient Medical History:

	Patient Medical History:
Encounter Reason/Date	Followup: Migraine with aura Followup: Snoring Followup: Vertigo 12/16/2021 - 10:30AM - PSM
History of Present Iliness	Headache - f/up Reported by patient. Timing of pain: frequency of migraine: (11-14 days/month) Severity of pain: pain level: migraine 4-7/10 Quality of pain: character of cephaliga as familiar
	Sleep Reported by patient. Associated Symptoms: excessive daytime sleepiness; snoring: moderate Severity: not sleepy driving Vertigo Reported by patient.
	Quality: true vertigo: spinning sensation ; On non-vertigo days, having LH off and on Location: tinnitus occurring bilateral Duration: typical duration of symptoms as hours; symptoms as variable in length; symptoms as occurring daily Severity: symptoms as about the same Aggravating factors (modifying factors): symptoms not associated with change in position; loud noises not triggering vertigo
Past Medical History	Past Medical History not reviewed (last reviewed 11/01/2021) Anxiety Disorder: Y Depression: Y Headaches: Y Heart Problems: Y - MVP Migraines: Y Kidney Disease: N - no kidney stones

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PENICILLINS	rgies		Reviewed Problems Migraine with aura - Onset: 11/01/2021 Vertigo - Onset: 11/01/2021 Headache - Onset: 11/01/2021 Snoring - Onset: 11/01/2021						
			Reviewed Allergies						
Reviewed Me									
	Reviewed Medications								
buPROPion I release	ICL XL 300 mg 24 hr tablet, extended	12/08/21	filled						
clonazePAM		11/27/21	filled						
escitalopran	n 5 mg tablet	12/14/21	filled						
Take 1 tablet(75 mg disintegrating tablet s) every other day by oral route.		prescribed						
traZODone !	50 mg tablet	09/24/21	filled						
Diet and Exer What type of di Mhat is your ex Activities of I Are you able to Are you deaf or Are you deaf or Are you have dif Or you or have Or you have an Or you have an Or you have an Or you have an Or you fel stre Or you fel stre Or you gel stre Or you stre	clse et are you following?: Regular ercise level?: Moderate Daily Living care for yourself?: No do you have difficulty seeing?: No ficulty concentrating, remembering or making dec ficulty walking or climbing stairs?: No ficulty dressing or bathing?: Yes ficulty doing errands alone?: Yes ands is dominant?: Right and Travel to an area known to be high risk for COVID-19?: No refore symptom onset, have you had close contait to an area known to be high risk for COVID-19?: No refore symptom onset, have you had close contait to for COVID-19 while that person was ill?: No e you ever smoked tobacco?: Never smoker you ever used any other forms of tobacco or nice ate of your most recent tobacco screening?: 12/1 rel of alcohol consumption?: None rel of caffeine consumption?: Occasional ective advanced directive?: Yes Sexuality ationship status?: Married (Notes: husband Grego ssed (tense, restless, nervous, or anxious, or una reseat belt or car seat routinely?: Yes ty and LGBTQ identity out reviewed (last reviewed 11/01/2021)	oct with a labor oct with a pers otline?: No 6/2021 ory)	on who is at night)?: To						
Mother	- Hypertensive disorder		атамаманатана Анамичинана						
Father	iorente materioren en e	manamanaman	matanananana						
	ининацијен и пријени и при при при при при при при при при								
THE REPORT OF THE PROPERTY OF	clonazePAM escitalopran Nurtec ODT Take 1 tablet(traZODone! deviewed Socia ducation an- what is the high ou have receive estructional de re you current blet and Exer What type of di What is your ex to you have dif ou you have dif out the 14 days be onfirmed COVI in the 14 days be on you or have ou you or have ou you or have ou you or have ou you not have out you not have out you or have out you have differed you have out you have o	escitalopram 5 mg tablet Nurtec ODT 75 mg disintegrating tablet Take 1 tablet(s) every other day by oral route. trazODone 50 mg tablet Reviewed Social History ducation and Occupation What is the highest grade or level of school you have completed ou have received?: Master's degree (e.g., MA, MS, MEng, MEd, M structional designer) we you currently employed?: No (Notes: disability since 04/21) Diet and Exercise What type of diet are you following?: Regular What is your exercise level?: Moderate ctivities of Dally Living we you able to care for yourself?: No we you blind or do you have serious difficulty hearing?: No wo you have difficulty one entrating, remembering or making dec to you have difficulty doing errands alone?: Yes which of your hands is dominant?: Right value you been to an area known to be high risk for COVID-19?: No on the 14 days before symptom onset, have you had close conta- onfirmed COVID-19 while that case was ill?: No inthe 14 days before symptom onset, have you had close conta- onfirmed COVID-19 while that case was ill?: No inthe 14 days before symptom onset, have you had close conta- onfirmed COVID-19 while that person was ill?: No inthe 14 days before symptom onset, have you had close conta- onfirmed COVID-19 while that person was ill?: No inthe 14 days before symptom onset, have you had close conta- onfirmed covie in the second of the person was ill?: No inthe 15 days was an advanced directive?: Yes farriage and Sexuality What is your level of alcohol consumption?: Occasional divanced Directive to you was an advanced directive?: Yes farriage and Sexuality What is your relationship status?: Married (Notes: husband Grego lifestyle to you was an advanced directive?: Yes farriage and Sexuality Hother - Hyperlipidemia - Hyperlipidemia - Hyperlipidemia - Hyperlipidemia - Hyperlipidemia - Hyperlipidemia - Hyperlipidemia	escitalopram 5 mg tablet 11/27/21 Rurtec ODT 75 mg disintegrating tablet Take 1 tablet(s) every other day by oral route. Reviewed Social History diucation and Occupation What is the highest grade or level of school you have completed or the highest out have received? Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) (No instructional designer) re you currently employed?: No (Notes: disability since 04/21) Plet and Exercise What type of diet are you following?: Regular What is your exercise level?: Moderate retivities of Dally Living re you able to care for yourself?: No re you be to care for yourself?: No re you be to care for yourself?: No ro you have difficulty concentrating, remembering or making decisions?: Yes to you have difficulty concentrating, remembering or making decisions?: Yes to you have difficulty or bathing?: Yes to you have difficulty doing errands alone?: Yes Which of your hands is dominant?: Right rublic Health and Travel are you ben to an area known to be high risk for COVID-19?: No to the 14 days before symptom onset, have you had close contact with a labor onfirmed COVID-19 while that case was ill?: No to the 14 days before symptom onset, have you had close contact with a pers nder investigation for COVID-19 while that person was ill?: No substance Use to you or have you ever smoked tobacco?: Never smoker to you or have you ever used any other forms of tobacco or nicotine?: No What was the date of your most recent tobacco screening?: 12/16/2021 What is your level of alcohol consumption?: Occasional divanced Directive to you feel stressed (tense, restless, nervous, or anxious, or unable to sleep is to you feel stressed (tense, restless, nervous, or anxious, or unable to sleep is to you use your seat belt or car seat routinely?: Yes tender Identity and LGBTQ Identity amily History not reviewed (last reviewed 11/01/2021) - Dementia - Hyperlipidemia - Hyperlipidemia - Hyperlipidemia						

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12-16-2021 5:25 PM ET

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pq 4 of 5

	- Coronary artery bypass grafts x 3
Review of Systems	None recorded

		404444	Exam:			najaria kanananananananananananananananananana
Vitals	Ht:	5 ft 5 in Standing 12/16/2021 10:32 am	Wt:	163,6 lbs With clothes 12/16/2021 10:34 am	вмі:	27.2 12/16/2021 10:34 am
	BP:	124/77 sitting L arm 12/16/2021 10:35 am	Pulse:	79 bpm 12/16/2021 10:36 am	т:	97.8 F° 12/16/2021 10:34 am
		4 12/16/2021 10:34 am	161161111111111111111111111111111111111		4444-11111111111111	
Physical Exam	General App Ambulation and Head: Appeal Mental Stat euthymic and concentration. Language, Spe Memory, Reca Galt: Gait And easily.	nbulates independ rance atraumatic. us: Level of consc affect congruent v Orientation orient ech no dysarthria Il recent memory of I Stance casual ga	ently. iousness all vith mood. A ted to place or aphasia grossly norm	ert and attentive. Me ttention/Concentrat and situation and c or dysphasia noted nal.	ood, Affect ion: norma orientated and norma	normal mood, I attention and to person. al fluency.
Results/ Interpretatio	None recorde	d				
Document History	N/A					
Procedure Documentati	None recorder	1				

Assessment and Plan:

rosessinen and full.
Time spent: 38 min Chart prep: 2 min Discussion/exam time spent with patient: 10 min Risk assessment: testing options, medication options, lifestyle changes: 20 min Referrals/care coordination: 1 min Charting: 5 min
f/u in 6 weeks Alameda OV
1. Migraine with aura - Episodic migraine. On average migraine 14 days per month during the previous 3 month period. Requesting nurtec as preventive med. He is still waiting to hear back on using Nurtec as a preventive. Our office will call insurance again to check on approving this
Could also consider Qulipta. He wants to avoid injections. We again discussed Aspirin 81 mg qd w/ food for prevention of aura
Preventive meds tried: VPA, Elavil, lexapro, bupropion, GBN 300 mg, lorazepam OTC preventives tried: B2, magnesium G43.109: Migraine with aura, not intractable, without status migrainosus MIGRAINE AURA WITHOUT A HEADACHE: CARE INSTRUCTIONS
2. Snoring - EDS, suspected apneas. Michael still may have OSA but never hear back from the sleep center. Needs eval. I will again request a HST. R06.83: Snoring

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12-16-2021 5:25 PM ET

511-185786724

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- SNORING: CARE INSTRUCTIONS
 HOME SLEEP STUDY Note to Imaging Facility: EDS, suspected apneas. Michael may have OSA

3. Vertigo -Long h/o vertigo. As before, I suspect Michael primarily has migraine related vertigo. I am not requesting vestib rehab at this time. R42: Dizziness and giddiness

Return to Office

• Patricia Maska, MD for Telemedicine at PSM on 01/27/2022 at 10:30 AM

Electronically Signed by: PATRICIA MASKA, MD

12/16/2021

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END - Consult Letter

BEGIN - Office Visit

Chief Complaint

12-17-2021 REMOTE VISIT: FOLLOW-UP

Note Type

Office Visit

Date of Service

Fri Dec 17 2021 @ 10:25 AM

Created By

Emanuel Vergis, MD (NPI: 1962478495) Emanuel Vergis, MD (NPI: 1962478495)

Signed By Date Signed

Fri Dec 17 2021 @ 10:45 AM

Subjective

Confirmed name and date of birth with patient

Patient verbally consented to virtual care

Visit held virtually due to efforts to reduce the spread of the COVID-19 virus

Presents to update me:

continues to deal with family issues/mother's health issues

- 1. psychiatry increased dose of bupropion to 300 mg per day
- 2. NURTEC approved for migraine headaches; neurologist recommended 81 mg ASA as needed for aural symptoms;
- 3. home sleep study approved; study pending;
- 4. long term disability approved by ANTHEM (psychiatry is managing this);

Exam

I did not examine Michael today and spent the majority of the time reviewing and coordination the care plan with him.

Procedures & Services

Assessment & Plan

Generalized anxiety disorder - F41.1

5/17/2021:

Started seeing a psychiatrist who increased the dose of escitalopram to 10 mg per day;

Follow-up scheduled with psychiatry later this week;

Scheduled f/u with me in 2-3 weeks;

6/16/2021:

dose of escitalopram 5 mg (decreased from 10 mg) and clonazepam 0.5 mg qday was started;

Follow-up with psychiatry;

Scheduled follow-up with me in one month;

SSDI to be completed by psychiatry (??);

7/20/2021:

Repeat GAD-7 survey;

Continue escitalopram/clonazepam;

Follow-up with me in 2-4 weeks;

updated return to work date to be mid October in the EDD website;

7/23/2021:

recent GAD-7 score is 21 which is unchanged from 4/23;

Question efficacy of treatment versus need for more intense therapy

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7/26/2021:

continue with escitalopram 15 mg po QDAY;

no changes planned with medication doses according to his psychiatrist;

presumed component of PTSD;

I asked him to inquire if other modalities are being considered for treatment such as EMDR;

10/11/2021:

see A/P Severe depression;

12/17/2021

psychiatrist increased dose of bupropion to 300 mg per day;

sees psychiatrist every 3 months on average;

Severe depression - F32.2

5/17/2021:

See A/P Generalized anxiety disorder

7/26/2021: See A/P Generalized anxiety disorder

check TSH, RPR

7/28/2021:

F/U PHQ-9 score is 25;

no change from prior survey;

will discuss dose adjustment for LEXAPRO, but this is something that his psychiatrist needs to decide;

10/11/2021

Overall no change in his status;

Switched to bupropion from escitalopram per his psychiatrist;

EDD form to reflect anticipated return to work in mid January;

F/U with me in ~ 4 weeks;

11/8/2021:

Overall no change in status, but seems to think that bupropion is making a difference for him;

He plans to see his psychiatrist in December;

EDD paperwork to transition to Dr. Jillian for him to manage;

Check in with me in December;

12/17/2021:

currently on increased dose of bupropion 300 mg per day;

Vestibular migraine - G43.809

Characterized by dizziness, tinnitus;

10/11/2021:

he has noticed an uptick in headaches;

will identify an in-network provider for this;

discussed magnesium and B2 as preventatives;

118/2021:

Follow-up with neurology;

prior authorization for rimegepant pending;

12/17/2021:

NURTEC approved;

advised by his neurologist to take ASA 81 mg at onset of aural migraine symptoms;

After Visit Guidance To Patient

END - Office Visit

BEGIN - Office Visit

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Chief Complaint

REMOTE VISIT 11-8-2021: DEPRESSION

Note Type

Office Visit

Date of Service

Mon Nov 08 2021 @ 10:25 AM

Created By Signed By Emanuel Vergis, MD (NPI: 1962478495) Emanuel Vergis, MD (NPI: 1962478495)

Date Signed

Mon Nov 08 2021 @ 10:42 AM

Subjective

Confirmed name and date of birth with patient

Patient verbally consented to virtual care

Visit held virtually due to efforts to reduce the spread of the COVID-19 virus

Michael presents for follow-up:

- 1. seems to be responding to bupropion; meets with his psychiatrist in December. Dr. Jillian will be assuming responsibility for EDD paperwork as well as continuing Anthem long term disability paperwork;
- 2. meets with his therapist Q weekly on Mondays;
- 3. met with Dr. Maska (neurologist) who recommended NURTEC (rimegepant) for migraine prophylaxis; PA is pending;

Generally feels about the same overall;

Exam

I did not examine Michael today and spent the majority of the time reviewing and coordination the care plan with him.

Procedures & Services

Assessment & Plan

Severe depression - F32.2

5/17/2021:

See A/P Generalized anxiety disorder

7/26/2021: See A/P Generalized anxiety disorder

check TSH, RPR

7/28/2021:

F/U PHQ-9 score is 25;

no change from prior survey;

will discuss dose adjustment for LEXAPRO, but this is something that his psychiatrist needs to decide;

10/11/2021:

Overall no change in his status;

Switched to bupropion from escitalopram per his psychiatrist;

EDD form to reflect anticipated return to work in mid January;

F/U with me in ~ 4 weeks;

11/8/2021:

Overall no change in status, but seems to think that bupropion is making a difference for him;

He plans to see his psychiatrist in December;

EDD paperwork to transition to Dr. Jillian for him to manage;

Check in with me in December,

Vestibular migraine - G43.809

Characterized by dizziness, tinnitus;

448

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10/11/2021:

he has noticed an uptick in headaches; will identify an in-network provider for this; discussed magnesium and B2 as preventatives;

118/2021:

Follow-up with neurology; prior authorization for rimegepant pending;

After Visit Guidance To Patient

END - Office Visit

END - Medical Record: Unedited

Note Title

3rd Party MRRF - Disability | Department of Social Services

: one medical

595 Castro Street San Francisco, CA 94114 Phone: 888-663-6331 • Fax: 888-663-6331 Note Type Medical Records Release Form (3rd party)

Date of Service

Thu May 12 2022 @ 04:51 PM

Created By Ai'ana Gi Signed By Christina Lujan

Fri May 13 2022 @ 08:59 AM Date Signed

Type records (medical, billing, or all): MED Date range: 10/12/2021-5/13/2022 Send records to: 866-640-1126 Edited: No ** Release EXPIRES: 5/19/2022 Confirm signature: Confirmed Date sent: 5/13/2022 MRS: Christina Lujan

one medica

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF SOCIAL SERVICES

S05 CA DDS OAKLAND PO BOX 30722 SALT LAKE CITY, UT 84130-9858

FAX: 1-866-640-1126

April 29, 2022

ONE MEDICAL MEDICAL RECORDS 595 CASTRO ST SAN FRANCISCO CA 94114

This Bar Code Page is the Return Cover Sheet for Records.

Important: This bar code page must be the top page of your response. Invoices must be placed directly behind this page as the second page submitted. All other documents, including invoices, must be placed behind this page. "If you are sending records for more than one individual, you may fax or mail them at the same time, as long as each individual's bar code page is sequenced as the first page of that individual's records.

FAX Records Toll Free to 1-866-640-1126.

You can upload electronic records if you are registered on the Electronic Records Express Secured Website. For info www.socialsecurity.gov/ere

If mailing, this page must be on top of your records. Slide this page into the return window envelope with this address showing.

Save Time and Money! Receive Faster Payments for Records! Fax or Scan your records. Both methods are HIPAA

compliant and preferred for security, speed, and efficiency.



ROID: D1355878004487721K23 SSN: ****** DOCTYPE: 0001 RF:D CS: 4f4d

Claimant: MICHAEL DARDEN SSN: ***-**-6330 DOB: 05/05/1966 Gavin Newsom, Governor S05/K23/DBVALD



SALT LAKE CITY, UT 84130-9858 S05 CA DDS OAKLAND

595 Castro Street San Francisco, CA 94114 Phone: 888-663-6331 • Fax: 888-663-6331

STATE OF CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

Gavin Newsom, Governor

S05/K23/DBVALD



DEPARTMENT OF SOCIAL SERVICES

S05 CA DDS OAKLAND PO BOX 30722 SALT LAKE CITY, UT 84130-9858

FAX: 1-866-640-1126

April 29, 2022

ONE MEDICAL MEDICAL RECORDS 595 CASTRO ST SAN FRANCISCO CA 94114

RE: MICHAEL DARDEN

AKA:

***-**-6330 SSN:

DOB: 05/05/1966

DDS CASE NUMBER: 1355878

REQUEST NUMBER: 4487721

PATIENT NUMBER:

SERVICE VENDOR NUMBER: J292496

The above-named individual has applied for disability benefits under the Social Security Act. This agency is responsible for adjudicating the claim. Your institution has been identified as a source of medical evidence for the claimant.

Thank you for your prior report. Additional or current information is now needed.

IDENTIFYING INFORMATION:

Adm/Dschg Dates:

10/12/2021 to present

Outpatient Dates:

10/12/2021 to present

Patient No:

Please note that this is a request for all records during the dates of treatment period, and is not limited to records pertaining to the alleged impairments listed below.

Alleged Impairments:

MAJOR DEPRESSIVE DISORDER; GENERALIZED ANXIETY DIS ORDER; PANIC DISORDER; INSOMNIA; MIGRAINES; TINNIT US; MITRAL VALVE PROLAPSE; SPOTS BEFORE EYES;, Con dition Changed Start Date 04/07/2022, Condition Ch anged Description ATYPICAL MIGRAINES, TINNITUS, NO T RESPONDING TO 2 DIFFERENT NEW AND ADVANCED MEDIC ATIONS, SYMPTOMS: CONSTIPATION; DIZZINESS; FATIGUE ; FREQUENT URINATION; IRREGULAR HEARTBEAT; LACK OF BALANCE; LACK OF GRIP STRENGTH; LACK OF STAMINA; LIGHTHEADEDNESS; LIMITED RANGE OF MOTION; MUSCLE S PASMS; NUMBNESS; PAIN; SKIN PROBLEMS; SLURRED SPEE CH; STIFFNESS; STUTTERING; SWELLING; TIGHTNESS IN CHEST; TINGLING; TREMORS/SHAKINESS; TROUBLE SLEEP! MEF RH1 (08/17)

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DEA: DBVALD DDS CASE NUMBER: 1355878 REQUEST NUMBER: 4487721

NG/INSOMNIA; WEAKNESS; HEADACHES; MIGRAINES; HALLU CINATIONS; VISION PROBLEMS (STATUTORY BLINDNESS); HEARING PROBLEMS; FLASHBACKS; IRRITABILITY; MOOD S WINGS; NIGHTMARES; OBSESSIVE BEHAVIOR OR THOUGHTS; ANXIETY; DEPRESSION; PANIC ATTACKS; PARANOIA. LIM ITATIONS: BENDING; KNEELING; LIFTING; REACHING; SI TTING; SQUATTING; STAIR CLIMBING; STANDING; USING

INCLUDE THE FOLLOWING INFORMATION IF APPLICABLE:

Adm, H & P, Dchg.Sm.
Consultations
CT/MRI Reports
EKG W/Tracings
Lab Tests
Operative Notes
Outpatient Notes
Psychological Tests
PT Progress Notes
Psychiatric Consult
Pathology Reports
X-Ray Reports

FOR ADULTS

We would also like to have a statement, based on your medical findings, expressing your opinion about the claimant's ability, despite the functional limitations imposed by the impairment(s) to do work-related physical and/or mental activities as appropriate:

Physical activities such as sitting, standing, walking, lifting, carrying, handling objects, hearing, speaking and traveling.

Mental activities such as understanding and memory; sustained concentration and persistence; social interaction; and adaptation.

FOR CHILDREN

We would also like to have a statement, based on your medical findings, expressing your opinion about the child's functional limitations in learning, motor functioning, performing self-care activities, communicating, socializing, completing tasks and responsiveness to stimuli.

A <u>reasonable</u> fee, as determined by this agency, may be paid upon request. Your request must be in writing on a separate form and must be attached to your response. To insure prompt payment, send your report <u>within 14 days</u>. It is our policy to not routinely pay for medical reports received more than 90 days after the date of the first request. Enclosed is an authorization for release of information.

PLEASE RETURN A COPY OF THIS LETTER WITH YOUR RESPONSE.

MR. DEREK V/K23, Disability Eval. Analyst III MEF RH1 (08/17)

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DEA: DBVALD DDS CASE NUMBER: 1355878 REQUEST NUMBER: 4487721

(510) 622-3628

THIS REQUEST IS BEING RETURNED. WE DO NOT HAVE THE INFORMATION REQUESTED. PLEASE PROVIDE DATE LAST SEEN:

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3				
		WHOSE Records to be Disclos	ad	Form Approved OMB No. 0980-0823
20		NAME (First, Middle, Last, Suffix)	ou	OMB NO. 0900-0023
Ø: (Michael Darden	[puster or	
1		SSN 577966330	Birthday (mm/dd/yy) 05	/05/66
É				
	THE SOCIAL	ON TO DISCLOSE INFOR	TION (SSA)	
		TRE FORM, BOTH PAGES, BEF sure (Including paper, oral, and e		
OF WHAT All my medit perform tasks. This incl	cal records; also udes specific per matten regarding my	education records and other in	ormation related to	o my ability to
 Drug abuse, alcohollsm, Sickle cell anemia 	or other substance abo	Irment(s) (excludes "psychotherapy notes" use communicable or noncommunicable disea		
· Gene-related impairme	nts (including genetic	lest results)		
		my ability to complete tacks and activi ding individualized Educational Progra		
apeach evaluations, and a	ny other records that	can help evaluate function; also teache	rs' observations and ev	aluations.
FROM WHOM	12 months after the d	ate this authorization is signed, as well	as past information.	
All medical sources (hospin physicians, psychologists, et mental health, corrections), trestment, and VA health care. All educational sources (schrecords administrators, councided with the cords administrators).	c.) Including the addiction re facilities cols, teachers, esclors, etc.)	S BOX TO BE COMPLETED BY SSA/DD subject (e.g., other names used), the sp Organization: ONE HEDICAL Vendor Address; 595 CASTRO ST SAM FI Inpattent Date: 10/12/2021 to present Outpatient Date: 10/12/2021 to present	pecific source, or the me	
Consulting examiners used in Employers, insurance compaction programs Others who may know about the Camillo, neighbors, friends, p	anles, workers'	Patient DOB: 05/05/66 Reservs:		
TO WHOM The Social S determination process. [Air Determining by themselve	ecurity Administration a services"), including a so, for international cisir my eligibility for bene as would not meet SSA	n and to the State agency authorized to contract copy services, and doctors or ns, to the U.S. Department of State Foreig fits, including looking at the combined effe s definition of disability; and whether I can ole of managing benefits ONLY (chock	other professionals con n Service Post.] ct of any impairments tha manage such benefits.	sulted during the
EXPIRES WHEN This aut	horization is good for 1	2 months from the date signed (below my	signature).	
I understand that there are a limit is a limit in may write to SSA and my see SSA will give me a copy of the	ome circumstances in a ources to revoke this a his form if I ask; I may a	py) of this form for the disclosure of the in which this information may be redisclosed uthorization at any time (see page 2 for de six the source to allow me to inspect or ge the disclosures above from the types of	to other parties (see page talls). I a copy of material to be	e 2 for detalls).
INDIVIDUAL authorizing of	lisclosure	IF not signed by subject of dis	n 🔲 Other persons	
SIGN MUNICADE	١	(Parent/guard ar/personal representative		
Date Signed 05/19/2021		here if two signatures required by State taw) Street Address 1801 Shoreline Drive, Apartment 307		
Phone Number (with area code) 9178688780	City	EDA	CA	94501
WITNESS I know the person	on signing this form o	r am satisfied of this person's identity	: Iness sign here (e.g., if si	loned with "X" above)
SIGN >		SIGN >	mosa sign nate (e.g., ii si	Aura will V goosa)
Phone Number (or Address)		Phone Number (or Ac	ldress)	
This general and special authoriz	tation to disclose was d	eveloped to comply with the provisions reg	arding disclosure of med	lical, aducational, and

other Information under P.L. 104-191 ("HIPAA"); 45 CFR parts 160 and 164; 42 U.S. Code section 290dd-2; 42 CFR part 2; 38 U.S. Code section 7332; 38 CFR 1.475; 20 U.S. Code section 1232g ("FERPA"); 34 CFR parts 99 and 300; and Stele law.

Form SSA-827 (11-2012) ef (11-2012) Use 4-2009 and Later Editions Until Supply is Exhausted Page 1 c

one medical

595 Castro Street San Francisco, CA 94114 Phone: 888-663-6331 • Fax: 888-663-6331

Explanation of Form SSA-827,

"Authorization to Disclose Information to the Social Security Administration (SSA)"

We need your written authorization to help get the information required to process your claim, and to determine your capability of managing benefits. Laws and regulations require that sources of personal information have a signed authorization before releasing it to us. Also, laws require specific authorization for the release of information about certain conditions and from

You can provide this authorization by signing a form SSA-827 Federal law permits sources with information about you to release that information if you sign a single authorization to release all your information from all your possible sources. We will make copies of it for each source. A covered entity (that is, a source of medical information about you) may not condition treatment, payment, enrollment, or eligibility for benefits on whether you sign this authorization form. A few States, and some individual sources of information, require that the authorization specifically name the source that you authorize to release personal information. In those cases, we may ask you to sign one authorization for each source and we may contact you again if we need you to sign more authorizations.

You have the right to revoke this authorization at any time, except to the extent a source of information has already relied on it to take an action. To revoke, send a written statement to any Social Security Office. If you do, also send a copy directly to any of your sources that you no longer wish to disclose information about you; SSA can tell you if we identified any sources you didn't tell us about. SSA may use information disclosed prior to revocation to decide your claim.

It is SSA's policy to provide service to people with limited English proficiency in their native language or preferred mode of communication consistent with Executive Order 13166 (August 11, 2000) and the Individuals with Disabilities Education Act. SSA makes every reasonable effort to ensure that the information in the SSA-827 is provided to you in your native or preferred Janguage.

Privacy Act Statement Collection and Use of Personal Information

Sections 205(a), 233(d)(5)(A), 1614(a)(3)(H)(i), 1631(d)(l) and 1631(e)(l)(A) of the Social Security Act as amended, [42 U.S.C. 405(a), 433(d)(5)(A), 1382c(a)(3)(H)(i), 1383(d)(l) and 1383(e)(l)(A)] authorize us to collect this information. We will use the information you provide to help us determine your eligibility, or continuing eligibility for benefits, and your ability to manage any benefits received. The information you provide is voluntary. However, failure to provide the requested information may prevent us from making an accurate and timely decision on your claim, and could result in denial or loss of benefits.

We rarely use the information you provide on this form for any purpose other than for the reasons explained above. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, including but not limited to the following:

-1. To enable a third party or an agency to assist us in establishing rights to Social Security benefits and/or coverage;

2. To comply with Federal laws requiring the release of information from our records (e.g., to the Government Accountability Office, General Services Administration, National Archives Records Administration, and the Department of Veterans Affairs), 10.3. To make determinations for eligibility in similar health and income maintenance programs at the O! Federal, State, and local level, and

46, 4. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity and improvement of our programs (e.g., to the U.S. Census Bureau and to private entities under contract with us). 1122

We may also use the information you provide in computer matching programs.

Matching programs compare our records with records kept by other Federal, State, or local government agencies. We use the information from these programs to establish or verify a person's eligibility for Federally funded or administered benefit programs and for repayment of incorrect payments or delinquent debts under these programs.

A complete list of routine uses of the information you gave us is available in our Privacy Act Systems of Records Notices entitled, Claims Folder System, 60-0089, Master Beneficiary Record, 60-0090, Supplemental Security Income record and Special Veterans benefits, 60-0103; and Electronic Disability (eDIB) Claims File, 0-0340. The notices, additional information regarding this form, and information regarding our systems and programs, are available on-line at www. specialsecurity gov or at any Social Security office.

PAPERWORK REDUCTION ACT

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 10 minutes to read the instructions, gather the facts, and answer the questions. SEND OR BRING IN THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. You can find your local Social Security office through SSA's website at www.socialsecurity.gov. Offices are also listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778). You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.

Form SSA-827 (11-2012) ef (11-2012)

Page 2 of 2

END - Medical Records Release Form (3rd party)

Note Title NEUROLOGY Consult Letter 2-3-2022

Note Type Consult Letter

- one medical

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Date of

Service

Mon Feb 07 2022 @ 06:19 AM

Created By

Erica Reinganum

Signed By

Emanuel Vergis, MD (NPI: 1962478495)

Date Signed

Tue Feb 15 2022 @ 07:03 AM

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athena

2/3/2022 2:37:25 pm EST

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Page: 1/5

CONFIDENTIAL Fax

FROM:

PATRICIA MASKA, MD 985 ATLANTIC AVE STE 300, ALAMEDA, CA 94501-6447 Phone: (510) 748-5363 Fax: (925) 289-4975

TO:

EMANUEL VERGIS MD Fax: (415) 291-0489

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2/3/2022 2:37:25 pm EST

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Page: 2/5

PATRICIA SUZANNE MASKA, MD . 985 ATLANTIC AVE STE 300, ALAMEDA CA 9450 1-6447. DARDEN, MICHAEL (id #10073, dob: 05/05/1966) PATRICIA SUZANNE MASKA MD 985 ATLANTIC AVE STE 300 ALAMEDA, CA 94501-6447 Phone: (510) 748-5363 Fax: (925)289-4975

Encounter Summary - Progress Note Date Printed: 02/03/2022

Attention: Emanuel Vergis MD

This fax may contain sensitive and confidential personal health information that is being sent for the sole use of the intended recipient. Unintended recipients are directed to securely destroy any materials received. You are hereby notified that the unauthorized disclosure or other unlawful use of this fax or any personal health information is prohibited. To the extent patient information contained in this fax is subject to 42 CFR Part 2, this regulation prohibits unauthorized disclosure of these records.

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Patient	Darden, Michael (55yo, M) #10073
ratient	Darden, Michael (55yo, M) #10075
Trees of the state	
DOB	05/05/1966

Patient Demographics:

Address	1801 Shoreline Dr/Apt 307 Alameda, CA 94501-6084	Home Phone (917) 868-8780
---------	-----------------------------------------------------	---------------------------

Patient Medical History:

Encounter Reason/Date	Followup: Migraine with aura Followup: Vertigo Followup: Snoring 02/03/2022 - 10:30AM - PSM
History of Present Illness	Headache - f/up Reported by patient. Timing of pain: frequency of overall cephalalgia: days/month (14); worse since 10/21 Treatment (modifying factors): Tried Nurtec 8 nights in a row, and felt vertigo and had tinnitus "within seconds" of taking it. An hour later, started to calm down. Tried ASA 81 mg qd x 8 days w/o benefit so stopped. Severity of pain: pain level: migraine 7-10/10; milder HA 1-3/10. Has at least PS 3-4/10 at least a couple of hours per day.
	Sleep Reported by patient. Associated Symptoms: excessive daytime sleepiness; suspected respiratory events; startled awakenings; Gregory notes a EDS after a heavy meal.
	Vertigo Reported by patient. Quality: true vertigo: spinning sensation Location: tinnitus constant Duration: symptoms constant; vertigo fluctuates Aggravating factors (modifying factors): symptoms worse with position change; symptoms exacerbated by head movement to either side Video Tele-health visit used during the COVID-19 pandemic. Patient gave consent for tele-health visit.
	Michael ok w/ husb Gregory in visit. Gregory is an RN.
	Discussed Past Medical History Anxiety Disorder: Y

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Page: 3/5

	Depression: Y Headaches: Y Heart Problems: Y - MVP Migraines: Y Kidney Disease: N - no kidney stones Notes: PTSD			
Problem List	Reviewed Problems Body mass index 25-29 - overweight - Onset; 02/03/2022 Migraine with aura - Onset; 11/01/2021 Vertigo - Onset; 11/01/2021 Headache - Onset; 11/01/2021 Snoring - Onset: 11/01/2021			
Allergies List	Reviewed Allergies PENICILLINS			
Medications	Reviewed Medications		************	
	buPROPion HCL XL 300 mg 24 hr tablet, extended release TAKE 1 TABLET BY MOUTH EVERY DAY	02/03/22	filled	
	clonazePAM 0.5 mg tablet	11/27/21	filled	
	escitalopram 5 mg tablet	12/14/21	filled	
	Qulipta 10 mg tablet Take 1 tablet(s) every day by oral route for 30 days.		prescribed	
	traZODone 50 mg tablet	09/24/21		
	Diet and Exercise What type of diet are you following?: Regular What is your exercise level?: Moderate Activities of Daily Living Are you able to care for yourself?: No Are you blind or do you have difficulty seeing?: No Are you deaf or do you have serious difficulty hearing?: No Do you have difficulty concentrating, remembering or making dec Do you have difficulty walking or climbing stairs?: No Do you have difficulty diressing or bathing?: Yes Do you have difficulty doing errands alone?: Yes Which of your hands is dominant?: Right Public Health and Travel Have you been to an area known to be high risk for COVID-19?: N In the 14 days before symptom onset, have you had close contain confirmed COVID-19 while that case was ill?: No In the 14 days before symptom onset, have you had close contain under investigation for COVID-19 while that person was ill?: No Substance Use Do you or have you ever smoked tobacco?: Never smoker Do you or have you ever used any other forms of tobacco or nice what was the date of your most recent tobacco screening?: 02/6 What is your level of alcohol consumption?: None What is your level of alcohol consumption?: Occasional Advanced Directive Do you have an advanced directive?: Yes Marriage and Sexuality What is your relationship status?: Married (Notes: husband Gregot Lifestyle Do you feel stressed (tense, restless, nervous, or anxious, or una	to ct with a labor ct with a perso otine?: No 03/2022 ory)	on who is	
**************************************	Very much Do you use your seat belt or car seat routinely?: Yes Gender identity and LGBTQ identity	me to steep t	onennement	
Family History	Reviewed Family History Mother - Dementia			

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Review of Systems	None recorde	
		- Coronary artery bypass grafts x 3
		- Congestive heart failure
		- Hyperlipidemia
	Father	- Hypertensive disorder
		- HyperlipIdemia
		- Hypertensive disorder

c.,	~	m	

**************************************	;	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	;,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	***************************************
Vitals		5 ft 5 in Standing 02/03/2022 10:00 am		150 lbs With clothes 02/03/2022 10:01 am		25 02/03/2022 10:01 am
	BP:	Not Performed - Patient refused 02/03/2022 10:00 am	Pulse:	60 bpm 02/03/2022 10:03 arn		97.8 F° 02/03/2022 10:08 am
		6 02/03/2022 10:02 am				
Physical Exam	Patient is a 55-year-old male. General Appearance: Appearance no acute distress. Habitus well nourished.					
	Head: Appearance atraumatic.					
	euthymic and concentration Language, Spe	us: Level of cons affect congruent . Orientation orie eech no dysarthr .ll recent memory	with mood. A nted to place la or aphasia	ttention/Concent and situation ar or dysphasia no	ration: normal id orientated t	attention and to person.
Results/ Interpretatio	None recorde ns	d				
Document History		ne following do TESTING* - 12/2				
Procedure Documentatio	None recorde n	d				

Assessment and Plan:

Assessment and Plan	Time spent: 49 min
anu Plan	Record review: 2 min Chart prep: 2 min Discussion/exam time spent with patient/care partner: 12 min Risk assessment: time taken to review E&M and ddx w/ husband Gregory (1st visit w/ Gregory present), anwering questions, testing options, medication options, lifestyle changes: 25 mln Referrals/care coordination: 1 min Charting: 7 min
	f/u in 4 weeks
	1. Migraine with aura - Episodic migraine. Baseline headache days per month: 14, lasting more than 4 hours per day. Did not tol Nurtec. Needs intervention. We discussed the R&B of other meds and decided on Qulipta. He wants to avoid injections.
	They asked about a cranial MRI. I indicated that I don't think he needs a repeat MRI at this time. They are fine not doing an MRI for now. I answered numerous questions re: testing, meds, prevention.

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Page: 5/5

Preventive meds tried: Nurtec (did not tolerate), VPA, Elavil, lexapro, bupropion, GBN 300 mg, lorazepam

OTC preventives tried: B2, magnesium
G43.109: Migraine with aura, not intractable, without status migrainosus
MIGRAINE AURA WITHOUT A HEADACHE: CARE INSTRUCTIONS

- Quilpta 10 mg tablet Take 1 tablet(s) every day by oral route for 30 days. Qty: 30 tablet(s) Refills: 2 Pharmacy: CVS/PHARMACY #9255 Note to Pharmacy: Preventive meds tried: Nurtec (did not tolerate), VPA, Elavil, lexapro, bupropion, GBN Qty: 30 300 mg, lorazepam

- Long h/o vertigo. May be multifactorial: BPPV, migraine related vertigo, PPPD. Needs Intervention. Ladvise a trial of vestib rehab. We discussed Migraine related vertigo and PPPD. Lam optimistic that Qulipta may help the former as well. Lanswered numerous questions re: testing, meds, ddx, testing.
 PA2. Dissipper and additions.
- R42: Dizziness and giddiness
 VESTIBULAR THERAPY REFERRAL Schedule Within: provider's discretion Note to Provider: Vestib rehab, vertigo can be positional. May have underlying PPPD and migrainous vertigo. Menandro.

3. Snoring -

- EDS, suspected apneas. HST inconclusive. Needs further eval. We discussed doing a PSG. They want to hold off and see how the other interventions help. I answered numerous questions re: clinical presentations of OSA, testing of OSA.

 R06.83: Snoring

 SNORING: CARE INSTRUCTIONS
- 4. Body mass index 25-29 overweight -

Consider nutrition eval Z68.25: Body mass index [BMI] 25.0-25.9, adult LEARNING ABOUT HEALTHY WEIGHT

- NUTRITIONIST/DIETITIAN REFERRAL -Schedule Within: provider's discretion

Return to Office

to see Patricia Maska, MD for Telemedicine at PSM on or around 02/24/2022

02/03/2022

Electronically Signed by: PATRICIA MASKA, MD

PATRICIA SUZANNE MASKA, MD

Darden, Michael (ID: 10073), DOB: 05/05/1966

END - Consult Letter

BEGIN - Consult Letter

NEUROLOGY - MIGRAINE HEADACHE Consult Note Title

Note Type

Consult Letter

Letter

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595 Castro Street San Francisco, CA 94114 Phone: 888-663-6331 • Fax: 888-663-6331

Date of Service Mon Dec 20 2021 @ 07:33 PM

Zara Hernandez

Created By Signed By

Emanuel Vergis, MD (NPI: 1962478495)

Date Signed Tue Dec 21 2021 @ 06:52 AM

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athena 12-16-2021 5:25 PM ET 511-185786724 pg 1 of 5

CONFIDENTIAL Fax

FROM:

PATRICIA MASKA, MD 985 ATLANTIC AVE STE 300, ALAMEDA, CA 94501-6447

Phone: (510) 748-5363 Fax: (925) 289-4975

TO:

EMANUEL VERGIS MD Fax: (415) 291-0489

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511-185786724

pg 2 of 5

PATRICIA SUZANNE MASKA, MD + 985 ATLANTIC AVE STE 300, ALAMEDA CA 94501-6447 DARDEN, MICHAEL (id #10073, dob: 05/05/1966) PATRICIA SUZANNE MASKA MD 985 ATLANTIC AVE STE 300 ALAMEDA, CA 94501-6447 Phone: (510) 748-5363

Fax: (925)289-4975

Encounter Summary - Progress Note

Date Printed: 12/16/2021 Attention: Emanuel Vergis MD

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Patient	Darden, Michael (55yo, M) #10073
Printaga and Print	OF DE LOCAL
DOB	05/05/1966

Patient Demographics:

Address	1801 Shore Line Dr Apt 307	Home Phone (917) 868-8780
	Alameda, CA 94501	Work Phone

Patient Medical History:

	racer recursions
Encounter Reason/Date	Followup: Migraine with aura Followup: Snoring Followup: Vertigo 12/16/2021 - 10:30AM - PSM
History of Present Illness	Headache - f/up Reported by patient. Timing of pain: frequency of migraine: (11-14 days/month) Severity of pain: pain level: migraine 4-7/10 Quality of pain: character of cephaliga as familiar Sleep Reported by patient. Associated Symptoms: excessive daytime sleepiness; snoring: moderate Severity: not sleepy driving Vertigo Reported by patient. Quality: true vertigo: spinning sensation; On non-vertigo days, having LH off and on Location: tinnitus occurring bilateral Duration: typical duration of symptoms as hours; symptoms as variable in length; symptoms as occurring daily Severity: symptoms as about the same Aggravating factors (modifying factors): symptoms not associated with change in position; loud noises not triggering vertigo
Past Medical History	Past Medical History not reviewed (last reviewed 11/01/2021) Anxiety Disorder: Y Depression: Y Headaches: Y Heart Problems: Y - MVP Migraines: Y Kidney Disease: N - no kidney stones

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Problem List	Reviewed Problems Migraine with aura - Onset: 11/01/2021 Vertigo - Onset: 11/01/2021 Headache - Onset: 11/01/2021 Snoring - Onset: 11/01/2021						
Allergies List							
	PENICILLINS						
Medications	Reviewed M	edications					
	buPROPion release	HCL XL 300 mg 24 hr tablet, extended	12/08/21 filled				
	clonazePAN	40.5 mg tablet	11/27/21 filled				
	escit alopra	m 5 mg tablet	12/14/21 filled				
	Nurtec ODT	75 mg disintegrating tablet t(s) every other day by oral route.	11/01/21 prescribed				
		50 mg tablet	09/24/21 filled				
Family History	Instructional designer) Are you currently employed?: No (Notes: disability since 04/21) Diet and Exercise What type of diet are you following?: Regular What is your exercise level?: Moderate Activities of Dally Living Are you able to care for yourself?: No Are you blind or do you have difficulty seeing?: No Are you blind or do you have difficulty seeing?: No Do you have difficulty concentrating, remembering or making decisions?: Yes Do you have difficulty walking or climbing stairs?: No Do you have difficulty dressing or bathing?: Yes Do you have difficulty doing errands alone?: Yes Which of your hands is dominant?: Right Public Health and Travel Have you been to an area known to be high risk for COVID-19?: No In the 14 days before symptom onset, have you had close contact with a laboratory- confirmed COVID-19 while that case was ill?: No In the 14 days before symptom onset, have you had close contact with a person who is under investigation for COVID-19 while that person was ill?: No Substance Use Do you or have you ever smoked tobacco?: Never smoker Do you or have you ever used any other forms of tobacco or nicotine?: No What was the date of your most recent tobacco screening?: 12/16/2021 What is your level of alcohol consumption?: None What is your level of caffeine consumption?: Occasional Advanced Directive Do you have an advanced directive?: Yes Marriage and Sexuality What is your relationship status?: Married (Notes: husband Gregory) Lifestyle Do you feel stressed (tense, restless, nervous, or anxious, or unable to sleep at night)?: To some extent Do you feel stressed (tense, restless, nervous, or anxious, or unable to sleep at night)?: To some extent Do you sey your seat belt or car seat routinely?: Yes Gender Identity and LGBTQ Identity						
Family History	Mother	- Dementia - Hypertensive disorder					
		- Hyperlipidemia					
	Father	- Hypertensive disorder					
1	1	- Hyperlipidemia					

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easily. None recorded

N/A

Procedure None recorded Documentation

Results/ Interpretations Document

History

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12-16-2021 5:25 PM ET

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pq 4 of 5

anyon and a second	I bereate a second framework and the second					
Review of Systems	None recorded					
			Exam:		***************************************	
Vitals		5 ft 5 in Standing 12/16/2021 10:32 am	Wt:	163.6 lbs With clothes 12/16/2021 10:34 am	вмі:	27.2 12/16/2021 10:34 əm
		124/77 sitting Larm 12/16/2021 10:35 am	Pulse:	79 bpm 12/16/2021 10:36 am	Т:	97.8 F° 12/16/2021 10:34 am
		4 12/16/2021 10:34 am			***********************	***************************************
Physical Exam	General Appe Ambulation am Head: Appear Mental State euthymic and a concentration. Language, Spe	bulates independ ance atraumatic. us: Level of consc affect congruent w Orientation orient	ently. iousness ale vith mood. A ted to place or aphasia	ute distress. Habitu ert and attentive. M ttention/Concentrat and situation and c or dysphasia noted nal.	ood, Affect ion: norma prientated	normal mood, I attention and to person.

- Coronary artery bypass grafts x 3

Galt: Gait And Stance casual gait normal and narrow based. Standing stands from a chair

	Assessment and Plan:
Assessment and Plan	Time spent: 38 min Chart prep: 2 min Discussion/exam time spent with patient: 10 min Risk assessment: testing options, medication options, lifestyle changes: 20 min Referrals/care coordination: 1 min Charting: 5 min
	f/u in 6 weeks Alameda OV
	Migraine with aura - Episodic migraine. On average migraine 14 days per month during the previous 3 month period. Requesting nurtec as preventive med. He is still waiting to hear back on using Nurtec as a preventive. Our office will call insurance again to check on approving this. Could also consider Qulipta. He wants to avoid injections. We again discussed Aspirin 81 mg gd w/ food for prevention of aura
	Preventive meds tried: VPA, Elavil, lexapro, bupropion, GBN 300 mg, lorazepam OTC preventives tried: B2, magnesium G43.109: Migraine with aura, not intractable, without status migrainosus • MIGRAINE AURA WITHOUT A HEADACHE: CARE INSTRUCTIONS
	2. Snoring - EDS, suspected apneas. Michael still may have OSA but never hear back from the sleep center. Needs eval. I will again request a HST. R06.83: Snoring

one medical

595 Castro Street San Francisco, CA 94114 Phone: 888-663-6331 • Fax: 888-663-6331 athena 12-16-2021 5:25 PM ET 511-185786724

pq 5 of 5

- SNORING: CARE INSTRUCTIONS
- HOME SLEEP STUDY Note to Imaging Facility: EDS, suspected apneas. Michael may have OSA
- 3, Vertigo -

Long h/o vertigo. As before, I suspect Michael primarily has migraine related vertigo. I am not requesting vestib rehab at this time.

R42: Dizziness and giddiness

Return to Office

Patricia Maska, MD for Telemedicine at PSM on 01/27/2022 at 10:30 AM

Electronically Signed by: PATRICIA MASKA, MD

12/16/2021

PATRICIA SUZANNE MASKA, MD

Darden, Michael (ID: 10073), DOB: 05/05/1966

END - Consult Letter

BEGIN - Medical Records Release Form (3rd party)

Note Title F/U 3rd Party MRRF: Department of Social

Note Type Medical Records Release Form (3rd party)

-- one medical

595 Castro Street San Francisco, CA 94114 Phone: 888-663-6331 • Fax: 888-663-6331

Date of Service

Mon Nov 29 2021 @ 08:12 AM

Created By

Signed By

Adam Rincon Chris Ibanez

Date Signed

Tue Dec 21 2021 @ 01:08 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

Gavin Newsom, Governor

S05/K41/CWFREE



DEPARTMENT OF SOCIAL SERVICES

S05 CA DDS OAKLAND PO BOX 30722 SALT LAKE CITY, UT 84130-9858

FAX: 1-866-640-1126

October 27, 2021

ONE MEDICAL MEDICAL RECORDS 595 CASTRO ST SAN FRANCISCO CA 94114

This Bar Code Page is the Return Cover Sheet for Records.

You MUST collate your response like this:

- Top page bar code page
- Second page invoice(s)
- Third page and beyond all other records/documents
- Send or fax record for one or more charts at the same time. Note: Each individual's bar code page MUST be the first page of that individual's records.

FAX Records Toll Free to 1-866-640-1126.

01

You can upload electronic records if you are registered on the Electronic Records Express Secured Website. For info - www.socialsecurity.gov/ere

or

MAIL the records. Put this page on top of the records. Address must show in the window.





RQID:D1338575004443833K41_____ SITE:S05 DR:S SSN:******* DOCTYPE:0001 RF:D CS:7cb4 Claimant: MICHAEL DARDEN SSN:***-**-6330 DOB: 05/05/1966

240

S05 CA DDS OAKLAND PO BOX 30722 SALT LAKE CITY, UT 84130-9858

⊕ one media

595 Castro Street San Francisco, CA 94114 Phone: 888-663-6331 . Fax: 888-663-6331

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

Gavin Newsom, Governor S05/K41/CWFREE

DEPARTMENT OF SOCIAL SERVICES

S05 CA DDS OAKLAND PO BOX 30722 SALT LAKE CITY, UT 84130-9858

FAX: 1-866-640-1126

October 27, 2021

SECOND REQUEST

ONE MEDICAL MEDICAL RECORDS 595 CASTRO ST SAN FRANCISCO CA 94114

RE: MICHAEL DARDEN

AKA:

***-**-6330

SSN: DOB:

05/05/1966

DDS CASE NUMBER:

1338575

REQUEST NUMBER: 4443833

SERVICE VENDOR NUMBER: J292496

THIS IS A FOLLOW-UP REQUEST. We originally sent you a request approximately 10/13/2021. If you have already responded to our original request, please disregard this letter. We cannot pay for duplicate reports. AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS WAS ALSO ATTACHED TO THE ORIGINAL REQUEST.

The above-named individual has applied for disability benefits under the Social Security Act. This agency is responsible for adjudicating the claim. Your institution has been identified as a source of medical evidence for the claimant.

IDENTIFYING INFORMATION:

Adm/Dschg Dates:

04/19 to present

Outpatient Dates:

04/19 to present

Patient No:

Please note that this is a request for all records during the dates of treatment period. and is not limited to records pertaining to the alleged impairments listed below.

Alleged Impairments:

MAJOR DEPRESSIVE DISORDER; GENERALIZED ANXIETY DIS ORDER; PANIC DISORDER; INSOMNIA; MIGRAINES; TINNIT US; MITRAL VALVE PROLAPSE; SPOTS BEFORE EYES;

INCLUDE THE FOLLOWING INFORMATION IF APPLICABLE:

Adm, H & P, Dchg.Sm. Consultations CT/MRI Reports **EKG W/Tracings** Lab Tests MEF IH2 (08/17)

one medica

595 Castro Street San Francisco, CA 94114 Phone: 888-663-6331 • Fax: 888-663-6331

DEA: CWFREE DDS CASE NUMBER: 1338575 REQUEST NUMBER: 4443833

Operative Notes **Outpatient Notes** Psychological Tests PT Progress Notes Psychiatric Consult Pathology Reports X-Ray Reports

FOR ADULTS

We would also like to have a statement, based on your medical findings, expressing your opinion about the claimant's ability, despite the functional limitations imposed by the impairment(s) to do work-related physical and/or mental activities as appropriate:

> Physical activities such as sitting, standing, walking, lifting, carrying, handling objects, hearing, speaking and traveling.

Mental activities such as understanding and memory; sustained concentration and persistence; social interaction; and adaptation.

FOR CHILDREN

We would also like to have a statement, based on your medical findings, expressing your opinion about the child's functional limitations in learning, motor functioning, performing self-care activities, communicating, socializing, completing tasks and responsiveness to stimuli.

A reasonable fee, as determined by this agency, may be paid upon request. Your request must be in writing on a separate form and must be attached to your response. To insure prompt payment, send your report within 14 days. It is our policy to not routinely pay for medical reports received more than 90 days after the date of the first request. Enclosed is an authorization for release of information.

PLEASE RETURN A COPY OF THIS LETTER WITH YOUR RESPONSE.

MR. COLTON F./K41, Disability Eval. Analyst I (510) 622-3667

THIS REQUEST IS BEING	RETURNED. WE DO NOT HAVI	ETHE
INFORMATION REQUESTED.	PLEASE PROVIDE DATE LAST	SEEN:

astro Street Sa	an Francisco, C/	A 94114 Pho	ne: 88	8-663-6331 • Fa	x: 888-663-	6331		
***************************************					Whose Re	cords to be Di	sclosed	
				NAME (Eirst, Middle)	e Last, Suff Allan	ix) Varden		
				577-96-6	330	Birthday 05	(MM/DD/Y	744) 766
		AUTHORIZA	TION	TO DISCLOSE	INFORMA	TION TO		· · · · · · · · · · · · · · · · · · ·
				CURITY ADMIN				
				E FORM, BOTH PAGES		NING BELOW "		
OF WHAT	All my medical rec permission to rela	ords: also educati ase:	on reco	ral, and electronic interch rds and other informati	on related to m			
All records Ilmited to:		on regarding my tr	eatment	, hospitalization, and o	utpatient care	for my Impairmer	it(s) including	g, and not
	ise, alcoholism, or oth		ent(s) (e:	ccludes "psychotherapy r	notes" as define	d in 45 CFR 164.5	01)	
	which may indicate the ated impairments (incl			le or noncommunicable	disease; and te	sts for or records o	f HIV/AIDS	
2. Information 3. Copies of evaluation	n about how my imp educational tests or as, and any other rec	airment(s) affects r evaluations, includ ords that can help	ny abilit Ing Indi evaluat	y to complete tasks an vidualized Educational a function; also teacher uthorization is signed,	Programs, trie s' observation	nnial assessment s and evaluations	s, psycholog	
	sources (hospitals, cli	nics labs F						
physicians, p health, corre- health care f	sychologists, etc.) inc ctional, addiction treat acilities	fuding mental ment, and VA		DX TO BE COMPLETED e.g., other names used),				
administrator Social worker Consulting ex Employers, ir compensatio	Consulting examiners used by SSA Employers, insurance companies, workers' compensation programs Programs			ganization: ONE MEDICAL ndor Address: S95 CASTR patient Date: 04/19 to p tpatient Date: 04/19 to attent D08: 05/05/66	resent	ESCO 94114		
neighbors, fri	ends, public officials)				- 4 6		alland their and the	
TO WHOM		g contract copy se	rvices, s	state agency authorized indicates agency of the second control of				
PURPOSE	definition of disability	y, and whether I can	manage	l looking at the combined such benefits. ging benefits ONLY (ch	·		themselves w	ould not meet SSA's
EXPIRES WHEN	This authorization is	good for 12 months	from the	date signed (below my	signature).			
 I understand t I may write to SSA will give 	that there are some cli SSA and my sources me a copy of this form	rcumstances in whic to revoke this autho I if I ask; I may ask I	h this inf rization : he sourc	orm for the disclosure of ormation may be rediscle at any time (see page 2 f e to allow me to inspect ures above from the ty	osed to other pa or details). or get a copy of	rties (see page 2 f		
	GING BLUE OR BLAC			ot algned by subject of Perent of minor	disclosure, sp] Guardian		thority to sig al representa	
Michael	abake		(Par here	ent/guardian/personal re if two signatures require	presentative sig d by State law)			
Date Signed 20	21	Street Address S	we	Line drive,	Apt 30	7	· •	
Phone Number (will 917-\$68-	8780	CILY ATAME	da				State	ZIP 94501
WITNESS	I know the perso	n signing this forn	or am	satisfied of this person				
Signature	Me	2		IF needed, second	wilness sign h	are (e.g., if signed	with "X" above	•)
Phone diumber dor	Address) - 318 - 21	138		Phone Number (or	Address)			
	P.L. 104-191 ("HIPAA"		and 164	omply with the provisions ; 42 U.S. Code section 2				

595 Castro Street San Francisco, CA 94114 Phone: 888-663-6331 • Fax: 888-663-6331

Explanation of Form SSA-827, "Authorization to Disclose Information to the Social Security Administration (SSA)"

We need your written authorization to help get the information required to process your claim, and to determine your capability of managing benefits. Laws and regulations require that sources of personal information have a signed authorization before releasing it to us. Also, laws require specific authorization for the release of information about certain conditions and from

You can provide this authorization by signing a form SSA-827. Federal law permits sources with information about you to release that information if you sign a single authorization to release all your information from all your possible sources. We will make copies of it for each source. A covered entity (that is, a source of medical information about you) may not condition treatment, payment, enrollment, or eligibility for benefits on whether you sign this authorization form. A few States, and some individual sources of information, require that the authorization specifically name the source that you authorize to release personal information. In those cases, we may ask you to sign one authorization for each source and we may contact you again if we need you to sign more authorizations.

You have the right to revoke this authorization at any time, except to the extent a source of information has already relied on it to take an action. To revoke, send a written statement to any Social Security Office. If you do, also send a copy directly to any of your sources that you no longer wish to disclose information about you; SSA can tell you if we identified any sources you didn't tell us about. SSA may use information disclosed prior to revocation to decide your claim.

It is SSA's policy to provide service to people with limited English proficiency in their native language or preferred mode of communication consistent with Executive Order 13166 (August 11, 2000) and the Individuals with Disabilities Education Act. SSA makes every reasonable effort to ensure that the information in the SSA-827 is provided to you in your native or preferred

Privacy Act Statement Collection and Use of Personal Information

Sections 205(a), 233(d)(5)(A), 1614(a)(3)(H)(i), 1631(d)(l) and 1631(e)(l)(A) of the Social Security Act as amended, [42 U.S.C. 405(a), 433(d)(5)(A), 1382c(a)(3)(H)(i), 1383(d)(l) and 1383(e)(l)(A)] authorize us to collect this information. We will use the information you provide to help us determine your eligibility, or continuing eligibility for benefits, and your ability to manage any benefits received. The information you provide is voluntary. However, failure to provide the requested information may prevent us from making an accurate and timely decision on your claim, and could result in denial or loss of benefits.

We rarely use the information you provide on this form for any purpose other than for the reasons explained above. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, including but not limited to the following:

- 1. To enable a third party or an agency to assist us in establishing
- rights to Social Security benefits and/or coverage;

 2. To comply with Federal laws requiring the release of information from our records (e.g., to the Government Accountability Office, General Services Administration, National Archives Records Administration, and the Department of Veterans Affairs);

 3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and
- 4. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity and improvement of our programs (e.g., to the U.S. Census Bureau and to private entities under contract with us).

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. We use the information from these programs to establish or verify a person's eligibility for Federally funded or administered benefit programs and for repayment of incorrect payments or delinquent debts under these programs.

A complete list of routine uses of the information you gave us is available in our Privacy Act Systems of Records Notices entitled, Claims Folder System, 60-0089; Master Beneficiary Record, 60-0090; Supplemental Security Income record and Special Veterans benefits, 60-0103; and Electronic Disability (eDIB) Claims File, 0-0340. The notices, additional information regarding this form, and information regarding our systems and programs, are available on-line at www. socialsecurity gov or at any Social Security office.

PAPERWORK REDUCTION ACT

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 10 minutes to read the instructions, gather the facts, and answer the questions. SEND OR BRING IN THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. You can find your local Social Security office through SSA's website at www.socialsecurity.gov. Offices are also listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778). You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.

Form SSA-827 (11-2012) ef (11-2012)

Page 2 of 2

END - Medical Records Release Form (3rd party)

595 Castro Street San Francisco, CA 94114 Phone: 888-663-6331 • Fax: 888-663-6331

Note Type Office Visit

Date of Service Fri Dec 17 2021 @ 10:25 AM

Emanuel Vergis, MD (NPI: 1962478495) Created By Signed By Emanuel Vergis, MD (NPI: 1962478495)

Date Signed Fri Dec 17 2021 @ 10:45 AM

Subjective

Confirmed name and date of birth with patient

Patient verbally consented to virtual care

Visit held virtually due to efforts to reduce the spread of the COVID-19 virus

Presents to update me:

continues to deal with family issues/mother's health issues

- 1. psychiatry increased dose of bupropion to 300 mg per day
- 2. NURTEC approved for migraine headaches; neurologist recommended 81 mg ASA as needed for aural symptoms;
- 3. home sleep study approved; study pending;
- 4. long term disability approved by ANTHEM (psychiatry is managing this);

Exam

I did not examine Michael today and spent the majority of the time reviewing and coordination the care plan with him.

Procedures & Services

Assessment & Plan

Generalized anxiety disorder - F41.1

Started seeing a psychiatrist who increased the dose of escitalopram to 10 mg per day;

Follow-up scheduled with psychiatry later this week;

Scheduled f/u with me in 2-3 weeks;

6/16/2021:

dose of escitalopram 5 mg (decreased from 10 mg) and clonazepam 0.5 mg qday was started;

Follow-up with psychiatry;

Scheduled follow-up with me in one month;

SSDI to be completed by psychiatry (??);

7/20/2021:

Repeat GAD-7 survey;

Continue escitalopram/clonazepam;

Follow-up with me in 2-4 weeks;

updated return to work date to be mid October in the EDD website;

recent GAD-7 score is 21 which is unchanged from 4/23;

Question efficacy of treatment versus need for more intense therapy

7/26/2021:

continue with escitalopram 15 mg po QDAY;

no changes planned with medication doses according to his psychiatrist;

presumed component of PTSD;

I asked him to inquire if other modalities are being considered for treatment such as EMDR;

10/11/2021:

see A/P Severe depression;

12/17/2021:

psychiatrist increased dose of bupropion to 300 mg per day;

sees psychiatrist every 3 months on average;

Severe depression - F32.2

5/17/2021

See A/P Generalized anxiety disorder

7/26/2021: See A/P Generalized anxiety disorder

595 Castro Street San Francisco, CA 94114 Phone: 888-663-6331 • Fax: 888-663-6331 check TSH, RPR

7/28/2021:

F/U PHQ-9 score is 25;

no change from prior survey;

will discuss dose adjustment for LEXAPRO, but this is something that his psychiatrist needs to decide;

Overall no change in his status;

Switched to bupropion from escitalopram per his psychiatrist;

EDD form to reflect anticipated return to work in mid January;

F/U with me in ~ 4 weeks;

11/8/2021:

Overall no change in status, but seems to think that bupropion is making a difference for him;

He plans to see his psychiatrist in December;

EDD paperwork to transition to Dr. Jillian for him to manage;

Check in with me in December;

12/17/2021:

currently on increased dose of bupropion 300 mg per day;

Vestibular migraine - G43.809

Characterized by dizziness, tinnitus;

10/11/2021:

he has noticed an uptick in headaches; will identify an in-network provider for this; discussed magnesium and B2 as preventatives;

118/2021:

Follow-up with neurology;

prior authorization for rimegepant pending;

12/17/2021:

NURTEC approved;

advised by his neurologist to take ASA 81 mg at onset of aural migraine symptoms;

After Visit Guidance To Patient

END - Office Visit

BEGIN - Medical Record: Unedited

Note Title

Medical Record: Unedited: Department of Social

Services

Note Type

Medical Record: Unedited

Date of Service

Mon Oct 25 2021 @ 04:57 PM

Created By

Chris Ibanez

Signed By

Chris Ibanez

Date Signed

Mon Oct 25 2021 @ 05:00 PM

-- one medical

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

Gavin Newsom, Governor

S05/K41/CWFREE



DEPARTMENT OF SOCIAL SERVICES

S05 CA DDS OAKLAND PO BOX 30722 SALT LAKE CITY, UT 84130-9858

FAX: 1-866-640-1126

October 13, 2021

ONE MEDICAL MEDICAL RECORDS 595 CASTRO ST SAN FRANCISCO CA 94114

RE: MICHAEL DARDEN

AKA:

SSN: ***-**-6330

DOB: 05/05/1966

DDS CASE NUMBER: 1338575 REQUEST NUMBER: 4443833 SERVICE VENDOR NUMBER: J292496

The above-named individual has applied for disability benefits under the Social Security Act. This agency is responsible for adjudicating the claim. Your institution has been identified as a source of medical evidence for the claimant.

IDENTIFYING INFORMATION

Adm/Dschg Dates: 04/19 to present Outpatient Dates: 04/19 to present

Patient NR:

Please note that this is a request for all records during the dates of treatment period, and is not limited to records pertaining to the alleged impairments listed below.

Alleged Impairments:

MAJOR DEPRESSIVE DISORDER; GENERALIZED ANXIETY

DIS

ORDER; PANIC DISORDER; INSOMNIA; MIGRAINES;

TINNIT

US; MITRAL VALVE PROLAPSE; SPOTS BEFORE EYES;

INCLUDE THE FOLLOWING INFORMATION IF APPLICABLE:

Adm, H & P, Dchg.Sm.

Consultations

CT/MRI Reports

EKG W/Tracings

Lab Tests

Operative Notes

Outpatient Notes

Psychological Tests

MEF IH1 (12/17)

595 Castro Street San Francisco, CA 94114 Phone: 888-663-6331 • Fax: 888-663-6331

DEA: CWFREE

DDS CASE NUMBER: 1338575 REQUEST NUMBER: 4443833

PT Progress Notes Psychiatric Consult Pathology Reports X-Ray Reports

FOR ADULTS

We would also like to have a statement, based on your medical findings, expressing your opinion about the claimant's ability, despite the functional limitations imposed by the impairment(s) to do work-related physical and/or mental activities as appropriate:

Physical activities such as sitting, standing, walking, lifting, carrying, handling objects, hearing, speaking and traveling.

Mental activities such as understanding and memory; sustained concentration and persistence; social interaction; and adaptation.

FOR CHILDREN

We would also like to have a statement, based on your medical findings, expressing your opinion about the child's functional limitations in learning, motor functioning, performing self-care activities, communicating, socializing, completing tasks and responsiveness to stimuli.

A <u>reasonable</u> fee, as determined by this agency, may be paid upon request. Your request must be in writing on a separate form and must be attached to your response. To insure prompt payment, send your report <u>within 14 days</u>. It is our policy to not routinely pay for medical reports received more than 90 days after the date of the first request. Enclosed is an authorization for release of information.

MR. COLTON F./K41,Disability Eval. Analyst I (510) 622-3667	
THIS REQUEST IS BEING RETURNED. WE DO NOT HAVE THE NFORMATION REQUESTED. PLEASE PROVIDE DATE LAST SEEN:	

	The state of the s	Whose Records to be I	Disclosed	. 10. 0000 00,			
>	•	NAME (Eirst, Middle, Last, Suffix)	\				
			9 (MM/DD/Y)	144) 166			
***************************************	AUTUODIZ	ATION TO DISCLOSE INFORMATION TO					
		AL SECURITY ADMINISTRATION (SSA)					
		E ENTIRE FORM, BOTH PAGES, BEFORE SIGNING BELOW "	•				
I voluntarily au OF WHAT	thorize and request disclosure (including			includes Specific			
1. All reco	ds and other information regarding my	treatment, hospitalization, and outpatient care for my impairm	ent(s) including,	and not			
 Drug a 		ment(s) (excludes "psychotherapy notes" as defined in 45 CFR 164 e	.501)				
• Record • Gene-	ds which may indicate the presence of a co related impairments (including genetic test	• •••					
3. Copies o evaluati	of educational tests or evaluations, incluions, and any other records that can hel	my ability to complete tasks and activities of daily living, and iding individualized Educational Programs, triennial assessme p evaluate function; also teachers' observations and evaluatio ate this authorization is signed, as well as past information.	nts, psychologic	y to work. cal and speech			
FROM WHOM							
physicians	al sources (hospitals, clinics, labs, s, psychologists, etc.) including mental rectional, addiction treatment, and VA	THIS BOX TO BE COMPLETED BY SSA/DDS (as needed). Ad subject (e.g., other names used), the specific source, or the mate	ditional informatio rial to be disclose	n to identify the			
 All education administra 	onal sources (schools, teachers, records tors, counselors, etc.) Kers/rehabilitation counselors	Organization: OHE MEDICAL					
 Consulting 	examiners used by SSA , insurance companies, workers'	Impatient Date: 04/19 to present	Vendor Address: 595 CASTRO ST SAN FRANCISCO 94114 Inpatient Date: 04/19 to present				
compensa	tion programs	Outpatient Date: 04/19 to present Patient DOB: 05/05/66					
	o may know about my condition (family, friends, public officials)	Regarks:					
MOHW OT		and to the State agency authorized to process my case (usually ervices, and doctors or other professionals consulted during e Foreign Service Post.)					
PURPOSE	definition of disability; and whether I ca	s, including looking at the combined effect of any impairments that t an manage such benefits. e of managing benefits ONLY (check only if this applies)	by themselves wo	uld not meet SSA			
EXPIRES WHE	-	ns from the date signed (below my signature).					
 I authorize I understan I may write SSA will gire 	the use of a copy (including electronic cop and that there are some circumstances in wit to SSA and my sources to revoke this auti we me a copy of this form if I ask; I may ast	y) of this form for the disclosure of the information described above tich this information may be redisclosed to other parties (see page ; norization at any time (see page 2 for details). the source to allow me to inspect or get a copy of material to be do the disclosures above from the types of sources listed.	2 for details).				
L. Charles and Control of the Contro	USING BLUE OR BLACK INK ONLY utborizing disclosure Signature	IF not signed by subject of disclosure, specify basis for Perent of minor Guardian Other pers (explain)	authority to sign sonal representati				
Michael	Made	(Parent/guardian/personal representative sign here if two signatures required by State law)					
		Shore Line drive, Apt 307	State	ZIP CACA			
	-8780 / / lam		CA	99501			
WITHESS	I know the person signing this to	rm or am satisfied of this person's identity: IF needed, second witness sign here (e.g., if signs	d with "V" about				
Signature Phone dumber	(O) Address)	Phone Number (or Address)	SO WILL A BOOVE				
191:	7-318-2138						
information unde		sloped to comply with the provisions regarding disclosure of medica 50 and 164; 42 U.S. Code section 290dd-2; 42 CFR part 2; 38 U.S. and 300: and State law.					



595 Castro Street San Francisco, CA 94114 Phone: 888-663-6331 . Fax: 888-663-6331

Explanation of Form SSA-827, "Authorization to Disclose Information to the Social Security Administration (SSA)"

We need your written authorization to help get the information required to process your claim, and to determine your capability of managing benefits. Laws and regulations require that sources of personal information have a signed authorization before releasing it to us. Also, laws require specific authorization for the release of information about certain conditions and from educational sources.

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Privacy Act Statement Collection and Use of Personal Information

Sections 205(a), 233(d)(5)(A), 1614(a)(3)(H)(i), 1631(d)(l) and 1631(e)(l)(A) of the Social Security Act as amended, [42 U.S.C. 405(a), 433(d)(5)(A), 1382c(a)(3)(H)(i), 1383(d)(l) and 1383(e)(l)(A)] authorize us to collect this information. We will use the information you provide to help us determine your eligibility, or continuing eligibility for benefits, and your ability to manage any benefits received. The information you provide is voluntary. However, failure to provide the requested information may prevent us from making an accurate and timely decision on your claim, and could result in denial or loss of benefits.

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To enable a third party or an agency to assist us in establishing rights to Social Security benefits and/or coverage;
 To comply with Federal laws requiring the release of information from our records (e.g., to the Government Accountability Office, General Services Administration, National Archives Records Administration, and the Department of Veterans Affairs);

3 To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level, and

4. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity and improvement of our programs (e.g., to the U.S. Census Bureau and to private entities under contract with us).

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This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995 You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 10 minutes to read the instructions, gather the facts, and answer the questions. SEND OR BRING IN THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. You can find your local Social Security office through SSA's website at www.socialsecurity.gov. Offices are also listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778). You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.

-- one medical

595 Castro Street San Francisco, CA 94114 Phone: 888-663-6331 • Fax: 888-663-6331

one medical **One Medical Group**

From: Chris Ibanez

595 Castro Street San Francisco, CA 94114

phone: 888-663-6331 fax: 415-291-0489

Patient

Patient

Michael Darden

DOB

05/05/1966

Sex

PCP Patient ID **Emanuel Vergis, MD** 110786538

1801 Shore Line Dr

Address

Apartment 307

Alameda, CA 94501

Anthem Blue Cross of California PPO Member ID: XDP241W06151 Effective At: 01/01/2021

Policy Holder: Michael Darden (Self)

All records based on the parameters of your request.

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Notes

BEGIN - Office Visit

Chief Complaint REMOTE VISIT 10-11-2021: ANXIETY, DEPRESSION, PANIC DISORDER

Note Type Office Visit

Date of Service Mon Oct 11 2021 @ 10:25 AM

Created By Emanuel Vergis, MD (NPI: 1962478495)
Signed By Emanuel Vergis, MD (NPI: 1962478495)

Date Signed Mon Oct 11 2021 @ 10:52 AM

Subjective

Confirmed name and date of birth with patient

Patient verbally consented to virtual care

Visit held virtually due to efforts to reduce the spread of the COVID-19 virus

Presents to discuss ongoing issues (family);

Recent increase in stress and anxiety stemming from taking care of his elderly mother,

Other family members are triggering worsening of his symptoms and leaves him feeling overwhelmed:

His psychiatrist switched him to bupropion ER 150 mg per day from escitalopram;

He anticipates returning to work in mid January 2022;

Separately, notes that his migraine headaches are back;

He had an extensive evaluation of this in the past;

Will identify an in-network provider for him to see;

Exam

I did not examine Michael today and spent the majority of the time reviewing and coordination the care plan with him.

Procedures & Services

Assessment & Plan

Generalized anxiety disorder - F41.1

5/17/2021:

Started seeing a psychiatrist who increased the dose of escitalopram to 10 mg per day;

Follow-up scheduled with psychiatry later this week;

Scheduled I/u with me in 2-3 weeks;

6/16/2021:

dose of escitalopram 5 mg (decreased from 10 mg) and clonazepam 0.5 mg qday was started;

Follow-up with psychiatry;

Scheduled follow-up with me in one month;

SSDI to be completed by psychiatry (??);

7/20/2021:

Repeat GAD-7 survey;

Continue escitalopram/clonazepam;

Follow-up with me in 2-4 weeks;

updated return to work date to be mid October in the EDD website;

7/23/2021:

recent GAD-7 score is 21 which is unchanged from 4/23;

Question efficacy of treatment versus need for more intense therapy

7/26/2021:

continue with escitalopram 15 mg po QDAY;

no changes planned with medication doses according to his psychiatrist;

presumed component of PTSD;

I asked him to inquire if other modalities are being considered for treatment such as EMDR;

10/11/2021:

see A/P Severe depression;

Panic disorder - F41.0

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See A/P Severe depression

Severe depression - F32.2

5/17/2021:

See A/P Generalized anxiety disorder

7/26/2021: See A/P Generalized anxiety disorder

check TSH, RPR

7/28/2021:

F/U PHQ-9 score is 25;

no change from prior survey;

will discuss dose adjustment for LEXAPRO, but this is something that his psychiatrist needs to decide;

10/11/2021:

Overall no change in his status;

Switched to bupropion from escitalopram per his psychiatrist;

EDD form to reflect anticipated return to work in mid January;

F/U with me in ~ 4 weeks;

Vestibular migraine - G43.809

Characterized by dizziness, tinnitus;

10/11/2021:

he has noticed an uptick in headaches:

will identify an in-network provider for this;

discussed magnesium and B2 as preventatives;

After Visit Guidance To Patient

Hi Michael.

Thank you for the updates today. For your headaches consider starting magnesium 400 mg once daily and riboflavin 400 mg once daily. These are used as a means to prevent migraines.

END - Office Visit

BEGIN - Lab Result

Note Title

Lab: CMP, CBC, Lipids, CT/NG NAAT (GU), CT/NG NAAT (rectal), CT/NG NAAT (pharyng), HIV Ab w/ rflx, RPR w/ reflex, TSH

Note Type

of Service

Lab Result Wed Jul 28 2021 @ 06:10 AM

Date of Service Created By

Medical Team

Signed By

Emanuel Vergis, MD (NPI: 1962478495)

Date Signed

Wed Jul 28 2021 @ 06:37 AM

This lab report was automatically sent to the patient in this message (https://one.1life.com/110786538/patient_timeline_posts/13204035) on 7/28/2021 at 6:10 AM because it contained no abnormal or critical results.

DARDEN, MICHAEL (SN: 20722938150)

Overall Report Status: FINAL Received on 07/28/2021

Lab Report from LabCorp

Specimen Number Patie		tient ID	Control Number	Account Number	
20722938150 1107865			3417450	04338885	
Patient Last Nam				Account Address	
DARDEN					
Patient First Nam	Patient First Name Patient Middle Name				
MICHAEL	MICHAEL		Angelon activities and the second sec		
Patient SS#	Patient Phor	one Total Volume			
917-868-8780		Topographic and the second and the s			

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Date of Birth 1966-05-05	Sex M	Feating	Account Address		
Patient Address 1801 SHORE LINE DI ALAMEDA CA, 94501-		N	One Medical Group 595 Castro Street Sa	an Francisco <u>CA (Califor</u>	ma) 94114
Date/Time Collected Date Entered Date/Time Reported 2021-07-26 12:48:00 PDT 2021-07-26 21:00:00 PDT 2021-07-28 05:35:00 PDT					
			Additional Information	n	
			Physician Name VERGIS, E	NPI# 1962478495	Physician ID

Tests Ordered

Comp. Metabolic Panel (14) (322000); CBC, Platelet, No Differential (028142); Lipid Panel (303756); Chlamydia/GC Amplification (183194); Ct/GC NAA, Rectal (188672); Ct/GC NAA, Pharyngeal (188698); HIV Ag/Ab with Reflex (083935); RPR, Rfx On RPR/Confirm TP (012005); Thyroid Cascade Profile (330015); Cardiovascular Report (910385)

STS	RESULTS	FLAG	UNITS	REFERENCE INTERVAL	LAE
mp. Metabolic Panel (14)					
Glucose	72		mg/dL	65-99	01
BUN	18		mg/dL	6-24	01
Creatinine	0.98		mg/dL	0.76-1.27	01
eGFR If NonAfrica Am	86		mL/mln/1.73	>59	.01
eGFR II Africn Am	100		mL/min/1.73	>59	01
	orts eGFR in compliance e National Kidney Found ew guidelines are publi	dation. Labcorp	W111		
BUN/Creatinine Ratio	18			9-20	0)
Sodium	137		mmol/L	134-144	01
Potassium	4.8		mmol/L	3.5-5.2	01
Chloride	102		mmol/L	96-106	01
Carbon Dioxide, Total	25		mmol/L	20-29	01
Calcium	9.7		mg/dL	8.7-10 2	01
Protein, Total	7.2		g/dL	6.0-8.5	01
Albumin	4.3		g/dL	3.8-4.9	01
Globulin, Total	2.9		g/dL	1,5-4.5	01
				1.2-2.2	01
A/G Ratio	1.5				
	0.3		mg/dL	0.0-1.2	01
Billrubin, Total			mg/dL IU/L	0.0-1.2 48-121	
A/G Ratio Bilirubin, Total Alkaline Phosphatase AST (SGOT)	0.3				01

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TESTS	RESULTS	FLAG	UNITS	REFERENCE INTERVAL	LAB
WBC	5.6		x10E3/uL	3.4-10.8	01
RBC	5.00		x10E6/ut.	4.14-5.80	01
Hemoglobin	15.2		g/dL	13.0-17.7	01
Hematocrit	44.6		%	37.5-51.0	01
MCV	89		1.	79-97	01
мсн	30.4		pg	26,6-33.0	01
мснс	34.1		g/dL	31.5-35.7	01
RDW	12.1		%	11.6-15.4	01
Platelets	271		x10E3/uL	150-450	01
NRBC	Canceled				01
Lipid Panel					
Cholesterol, Total	210	High	mg/dL	100-199	01
Triglycerides	125		mg/dL	0-149	01
HOL Cholesterol	42		mg/dL	>39	01
VLDL Cholesterol Cal	23		mg/dL	5-40	01
LDL Chol Calc (NIH)	145	High	mg/dL	0.99	01
Comment:	Canceled				01
Chlamydia/GC Amplification					
Chlamydia trachomatis, NAA	Negative			Negativo	01
Neisseria gonorrhoeae, NAA	Negative			Negative	01
Ct/GC NAA, Rectal					
C. trachomatis, NAA, Rectal	Negative			Negative	02
N. gonorrhoeae, NAA, Rectal	Negative			Negative	02
Ct/GC NAA, Pharyngeal					
C. trachomatis, NAA, Pharyn	Negative			Negative	02
N. gonorrhoeae, NAA, Pharyn	Negative			Negative	02
HIV Ag/Ab with Reflex					
HIV Screen 4th Generation wRfx	Non Reactivir			Non Reactive	O1
RPR, Rfx Qn RPR/Confirm TP					
RPR	Non Reactive			Non Reactive	01
Thyrold Cascade Profile					
TSH	3.730		uIU/mL	0.450-4.500	01
No apparent thyroid disorder rare instances, Secondary Hy Hypothyroidism have been rep values.	ypothyroidism as we	11 as Subclinio	cal		
Cardiovascular Report					
Interpretation	Note				03

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TS CARDIOVASCULAR REPORT:	RESULTS	FLAG	UNITS	REFERENCE INTERVAL	LAB
Current available clinical patient's risk is at least present (age over 45). If equivalent, the risk categ have CHD or a CHD risk equivaled Cohort Equations to individuals with greater tintensive therapy. The cal http://tools.cardiosource.	the patient has CHD of the patient has CHD of gory is high. If pati- uivalent, consider us bestimate 10-year CVI than 7.5% risk may wal- culator can be found	risk factor is or a CHD risk ent does not e of the D risk, as rrant more at:			
Insulin resistance, obesit nephrotic syndrome, liver can cause secondary dyslip clinically indicated.	ry, excessive alcohol disease, and certain	use, smoking, medications			
Therapeutic lifestyle chan optimal blood lipid status management).	diet, exercise, we				
LIPID MANAGEMENT Select one patient risk ca and clinical judgment. Add personal or family history hypertension modify a pati prevention, the intensity the level of patient risk, generally results in an av less than 50% from the unt (daily doses): atorvastati simvastatin 20-40 mg, prav mg. HIGH intensity statin average LDL-C reduction of baseline. Examples include mg and rosuvastatin 20 mg. LOW RISK ASSESSMENT AND IR	ntegory based upon menditional risk factors of premature CHD, so lent's goals of therapy should be. MODERATE intensity erage LDL-C reduction created baseline. Examin 18-20 mg, rosuvast vastatin 40-80 mg, lotherapy generally response from the (daily doses): atomic statement of the statement of t	such as moking, and py. In CVD adjusted to statin therapy n of 30% to mples include atin 5-10 mg, vastatin 40 sults in an e untreated			
LDL-C is acceptable, 145 m acceptable, 168 mg/dL.	ng/dL. Non-HDL Choles	terol is			
Considerations for use of history of premature ather coronary artery calcium sc elevated CRP, or elevated INTERMEDIATE RISK ASSESSME	osclerotic disease, ore, ankle-brachial 10-year or lifetime	elevated index < 0.9, CVD risk.			
LDL-C is borderline high, borderline high, 168 mg/dL		nolesterol is			
Consider beginning or incr influence statin use inclu atherosclerotic disease, e score, ankle-brachial inde 10-year or lifetime CVD ri or increased, alternatives agent (ezetimibe or bile a HIGH RISK ASSESSMENT AND T	de family history of clevated coronary articles (0.9, elevated CRIsk. If statin cannot include use of an incid sequestrant) or increase.	premature ery calcium P, or elevated be tolerated ntestinal			
LDL-C is high, 145 mg/dl. mg/dL.	****	is high, 168			
Begin statin. If statin al dose to achieve at least a Moderate or high intensity cannot be tolerated or inc of an intestinal agent (ez or niacin.	50% LDL reduction for statin is preferred reased, alternatives etimibe or bile acid	rom baseline. . If statin include use			
DISCLAIMER These assessments and trea a convenience in support o	itment suggestions are	e provided as			

Filed 01/28/25

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EST	3	RESULTS	FLAG	UNITS	REFERENCE INTERVAL	LAB
5 C C S A r r A 2 5	in addition to other clinician should corcontext of clinical SEE GUIDANCE FOR CAPACC/AHA guideline or ceduce atherosclerot report of the Americ Association Task For 2014; 129 (suppl 2):	They are derived from nation evidence and expert opinionsider this information with opinion and the individual RDIOVASCULAR REPORT: Stone in the treatment of blood of the cardiovascular risk in the candiovascular risk in the candiovascul	ion. The chin the chi			
PD	F	Not applicable				03

01	0†	LabCorp San Diego 13112 Evening Creek Dr So Ste 200, San Diego, CA 92128-4108	Dir: JennyGallowayMD
02	02	LabCorp Phoenix 5005 S 40th Street Ste 1200, Phoenix, AZ 85040-2969	Dir: EarleCollumMD
03	03	Litholink Corporation 150 Spring Lake Dr Ste A, Itasca, IL 60143-2091	Dír: JohnAsplinMD
For in	nquiries,	the physician may contact Labcorp at 800-222-7566 Lab: 858-668-3700	

END - Lab Result

BEGIN - Office Visit

Chief Complaint

REMOTE VISIT 7-20-2021: MEDICATION FOLLOW-UP

Note Type

Office Visit

Tue Jul 20 2021 @ 02:55 PM

Date of Service Created By

Emanuel Vergis, MD (NPI: 1962478495)

Emanuel Vergis, MD (NPI: 1962478495)

Signed By Date Signed

Tue Jul 20 2021 @ 03:18 PM

Subjective

Confirmed name and date of birth with patient

Patient verbally consented to virtual care

Visit held virtually due to efforts to reduce the spread of the COVID-19 virus

Michael presents to update me

- 1. feels better in general and believes that the medications are making a difference (50% better); mom's issues are not resolved, but he is better able to discuss these;
- 3. is now seeing his psychiatrist every 2 months;
- 4. occasionally needs to take trazodone for sleep;

Exam

I did not examine Michael today and spent the majority of the time reviewing and coordination the care plan with him.

Procedures & Services

Assessment & Plan

Generalized anxiety disorder - F41.1

Started seeing a psychiatrist who increased the dose of escitalopram to 10 mg per day;

Follow-up scheduled with psychiatry later this week;

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Scheduled f/u with me in 2-3 weeks;

6/16/2021:

dose of escitalopram 5 mg (decreased from 10 mg) and clonazepam 0.5 mg qday was started;

Follow-up with psychiatry;

Scheduled follow-up with me in one month;

SSDI to be completed by psychiatry (??);

7/20/2021:

Repeat GAD-7 survey;

Continue escitalopram/clonazepam;

Follow-up with me in 2-4 weeks;

updated return to work date to be mid October in the EDD website;

Insomnia - G47.00

5/17/2021:

Psychiatry prescribed trazodone 50 mg po QHS as needed (up to 3 tablets per night);

Gabapentin was stopped;

7/20/2021:

continues to take trazodone 50 mg po as needed;

After Visit Guidance To Patient

END - Office Visit

BEGIN - Office Visit

Chief Complaint

ANNUAL EXAM Office Visit

Note Type

Mon Jul 26 2021 @ 02:55 PM

Date of Service

Emanuel Vergis, MD (NPI: 1962478495)

Created By Signed By

Emanuel Vergis, MD (NPI: 1962478495)

Date Signed

Mon Jul 26 2021 @ 03:49 PM

Subjective

Patient presents for annual wellness visit.

- 1. continues to work with psychiatry no plans for medication change; disability until 10/15/21; therapist commented to him that he is exhibiting PTSD symptoms;
- 2. limited to no exercise since 2020;
- 3. would like to be 155 pounds

Reviewed age-appropriate health maintenance goals.

PMH, PSH, Medications, Allergies, FHx reviewed and updated.

Social Hx:

Reviewed and updated in chart.

ROS focused on patient risk factors:

ROS negative except for pertinent positives listed above

Allergies

Penicillins (hives)

Vitals

sys dia HR RR temp wt ht BMI 108 72 78 — 160 lb 65.5 in 26.2

Exam

 $I conducted \ the \ encounter \ wearing \ the \ following \ PPE: \ N95, face \ shield/goggles, \ gloves. \ The \ patient \ was \ wearing \ a \ mask.$

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General: No distress HEENT: EOMI, nI conjunctiva & lids, hearing grossly nI Neck: supple, no concerning masses, no LAD Lungs: CTA bilaterally, nI effort

CV: RRR, no M/R/G Abd: S/NT/ND

Neuro/Psych: Normal affect, normal speech

Skin: Warm and well perfused

Procedures & Services

Assessment & Plan

ANNUAL EXAM - 700 01

Check usual labs to day;

Check usual labs to day,

Discussed that results will generally show up in 7-10 days, and will communicate results via VMT/provider;

Reviewed AHRQ preventive medicine recommendations;

PHQ-2 SCREEN: POSITIVE; PHQ-9 sent; CRC screening: due in 2023; obtain prior HMR STI screening: check usual panel today VACCINATIONS: obtain prior HMR

Generalized anxiety disorder - F41.1

5/17/2021:

Started seeing a psychiatrist who increased the dose of escitalopram to 10 mg per day;

Follow-up scheduled with psychiatry later this week;

Scheduled f/u with me in 2-3 weeks;

6/16/2021:

dose of escitalopram 5 mg (decreased from 10 mg) and clonazepam 0.5 mg qday was started;

Follow-up with psychiatry;

Scheduled follow-up with me in one month;

SSDI to be completed by psychiatry (??);

7/20/2021:

Repeat GAD-7 survey;

Continue escitalopram/clonazepam;

Follow-up with me in 2-4 weeks;

updated return to work date to be mid October in the EDD website;

7/23/2021:

recent GAD-7 score is 21 which is unchanged from 4/23;

Question efficacy of treatment versus need for more intense therapy

7/26/2021:

continue with escitalopram 15 mg po QDAY;

no changes planned with medication doses according to his psychiatrist;

presumed component of PTSD;

I asked him to inquire if other modalities are being considered for treatment such as EMDR;

Severe depression - F32.2

5/17/2021:

See A/P Generalized anxiety disorder

7/26/2021: See A/P Generalized anxiety disorder

check TSH, RPR

After Visit Guidance To Patient

Health Maintenance

Depression screening

PHQ-9 - due 07/26/2021

Screening History 04/23/2021 - PHQ-9 - 25

Anxiety screening

GAD-7 - due 08/23/2021

Screening History 07/23/2021 - GAD-7 - 21 04/23/2021 - GAD-7 - 21

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Colon cancer screening

Colonoscopy - due 05/05/2023

Screening History 2018 - Colonoscopy - NEGATIVE

END - Office Visit

BEGIN - Office Visit

Chief Complaint

REMOTE VISIT 6-16-2021L ANXIETY FOLLOW-UP

Note Type

Office Visit

Date of Service

Wed Jun 16 2021 @ 07:55 AM

Created By Signed By Emanuel Vergis, MD (NPI: 1962478495) Emanuel Vergis, MD (NPI: 1962478495)

Date Signed

Wed Jun 16 2021 @ 08:21 AM

Subjective

Confirmed name and date of birth with patient

Patient verbally consented to virtual care

Visit held virtually due to efforts to reduce the spread of the COVID-19 virus

Duration of appointment: 9 minutes; 10 min late for appointment

States he is about 15% better w/ regard to his anxiety and about 10% better w/ regard to his sleep;

Met with Dr. Jillian who prescribed clonazepam 0.5 mg qday as needed and decreased escitalopram dose to 5 mg per day;

Sees psychiatrist on 7/12;

Still dealing with arranging things for his mom;

Still dealing with his brother;

He is applying for SSDI;

Informed me that he has atypical migraines characterized by dizziness, tinnitus and visual "spots";

No headaches;

 $\label{eq:wilder} \mbox{W/U in the 90s concluded that this migraine variant is caused by changes in barometric pressure;}$

He had one last week and believes that his anxiety made it much worse;

Exam

I did not examine today and spent the majority of the time reviewing and coordination the care plan with .

Procedures & Services

Assessment & Plan

Generalized anxiety disorder - F41.1

5/17/2021:

Started seeing a psychiatrist who increased the dose of escitalopram to 10 mg per day;

Follow-up scheduled with psychiatry later this week;

Scheduled f/u with me in 2-3 weeks;

6/16/2021:

dose of escitalopram 5 mg (decreased from 10 mg) and clonazepam 0.5 mg qday was started;

Follow-up with psychiatry;

Scheduled follow-up with me in one month;

SSDI to be completed by psychiatry (??);

Vestibular migraine - G43.809

Characterized by dizziness, tinnitus;

After Visit Guidance To Patient

9 minutes spent on evaluation & management on 06/16/2021

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END - Office Visit

BEGIN - Office Visit

Chief Complaint

REMOTE VISIT 5-17-2021: ANXIETY FOLLOW-UP

Note Type

Office Visit

Date of Service

Mon May 17 2021 @ 08:25 AM

Created By Signed By

Emanuel Vergis, MD (NPI: 1962478495) Emanuel Vergis, MD (NPI: 1962478495)

Date Signed

Mon May 17 2021 @ 08:45 AM

Subjective

Confirmed name and date of birth with patient

Patient verbally consented to virtual care

Visit held virtually due to efforts to reduce the spread of the COVID-19 virus

Duration of appointment: 19 minutes

Michael presents for follow-up;

Started seeing psychiatrist per Anthem's recommendation;

Saw Dr. Jillian last week who started him on trazodone 50 mg po QHS (1-3 tablets) as needed (gabapentin was stopped), and increased the dose of escitalopram to 10 mg per day;

Psychiatrist will assume prescribing of these medications;

He diagnosed Michael with MDD

Still dealing with stress/anxiety;

His brother is not being supportive with regard to their mother's health circumstances;

Exam

I did not examine Michael today and spent the majority of the time reviewing and coordination the care plan with him.

Procedures & Services

Assessment & Plan

Generalized anxiety disorder - F41.1

5/17/2021:

Started seeing a psychiatrist who increased the dose of escitalopram to 10 mg per day;

Follow-up scheduled with psychiatry later this week;

Scheduled f/u with me in 2-3 weeks;

Insomnia - G47.00

5/17/2021:

Psychiatry prescribed trazodone 50 mg po QHS as needed (up to 3 tablets per night);

Gabapentin was stopped;

Severe depression - F32.2

5/17/2021:

See A/P Generalized anxiety disorder

After Visit Guidance To Patient

END - Office Visit

BEGIN - Office Visit

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Chief Complaint

REMOTE VISIT 4-30-2021: SEVERE DEPRESSION

Note Type

Office Visit

Date of Service

Fri Apr 30 2021 @ 04:25 PM

Created By Signed By

Emanuel Vergis, MD (NPI: 1962478495) Emanuel Vergis, MD (NPI: 1962478495)

Date Signed

Sat May 01 2021 @ 09:00 AM

Subjective

Confirmed name and date of birth with patient

Patient verbally consented to virtual care

Visit held virtually due to efforts to reduce the spread of the COVID-19 virus

Duration of appointment: 25 minutes

Michael presents for follow-up;

His husband, Gregory, was also present;

Michael is back from visiting/moving his mother;

He received the SDI check;

Dealing with mom's issues and more recently their son was assaulted in NYC --> possible concussion;

Michael endorses anxiety, sleep disturbance and fatigue;

Continues to see his therapist weekly,

Exam

I did not examine Michael today and spent the majority of the time reviewing and coordination the care plan with him.

Procedures & Services

Assessment & Plan

Generalized anxiety disorder - F41.1

Characterize anxiety with GAD-7 survey;

Consider low dose SSRI v. short term benzo use;

F/U with therapist;

Assist with EDD and Anthem paperwork;

4-23-2021:

GAD-7 score is 21

Discussed starting escitalopram to help with mood/sleep;

Reviewed escitalopram 5 mg po Qday and that it may take up to 2 weeks to notice improvement;

Scheduled f/u in 2 weeks with me:

Insomnia - G47.00

Discussed that treating underlying GAD and depression will contribute to better sleep;

Discussed role of gabapentin taken at bedtime to help with sleep with downstream effect on his anxiety;

Severe depression - F32.2

Will have him complete PHQ-9 to characterize his depression;

Assist with EDD and Anthem paperwork;

Consider SSRI

4/30/2021:

PHQ-9 score is 25;

See A/P Generalized anxiety disorder;

After Visit Guidance To Patient

25 minutes spent on evaluation & management on 04/30/2021

: one medical

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END - Office Visit

BEGIN - Office Visit

Chief Complaint

REMOTE VISIT 4-21-2021: ANXIETY

Note Type

Office Visit

Date of Service Created By Signed By Date Signed

Wed Apr 21 2021 @ 08:55 AM Emanuel Vergis, MD (NPI: 1962478495) Emanuel Vergis, MD (NPI: 1962478495)

Wed Apr 21 2021 @ 09:25 AM

Subjective

Confirmed name and date of birth with patient

Patient verbally consented to virtual care

Visit held virtually due to efforts to reduce the spread of the COVID-19 virus

Duration of appointment: 25 minutes

Michael presents to discuss his current situation with anxiety and depression;

He is currently in Maryland dealing with mom's dementia;

She is in a NH currently;

No other relatives and Michael's brother is overseas;

He sees Penelope Fox weekly for therapy;

He has been on leave from work since 4/15;

Needs assistance with SDI EDD and other paperwork which his husband Greg has started on his behalf;

Endorses anxiety, sadness, exhaustion, and feeling overwhelmed;

Passive SI, but no plan;

Exam

I did not Michael examine today and spent the majority of the time reviewing and coordination the care plan with him.

Procedures & Services

Assessment & Plan

Depression screening needed - Z13.31

Will have him complete PHQ-9 to characterize his depression;

Assist with EDD and Anthem paperwork;

Consider SSRI

Generalized anxiety disorder - F41.1

Characterize anxiety with GAD-7 survey;

Consider low dose SSRI v. short term benzo use;

F/U with therapist:

Assist with EDD and Anthem paperwork;

After Visit Guidance To Patient

25 minutes spent on evaluation & management on 04/21/2021

END - Office Visit

END - Medical Record: Unedited

BEGIN - Medical Records Release Form (3rd party)

Services

Note Title

3rd Party MRRF: Department of Social

- one medical

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Note Type Medical Records Release Form (3rd party)

Date of Service

Mon Oct 18 2021 @ 02:05 PM

Created By

Gabi Charbeneau

Signed By

Chris Ibanez

Date Signed

Mon Oct 25 2021 @ 05:00 PM

Type records (medical, billing, or all): MED Date range: 4/1/2019 - Present Send records to: 866 640 1126 Edited: NO Excluding: ** Release EXPIRES: 6/16/2022 Confirm signature: Approved Date sent: 10/25/2021 MRS: Chris Ibanez

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

Gavin Newsom, Governor

S05/K41/CWFREE

DEPARTMENT OF SOCIAL SERVICES

S05 CA DDS OAKLAND PO BOX 30722

SALT LAKE CITY, UT 84130-9858

FAX: 1-866-640-1126

October 13, 2021

ONE MEDICAL MEDICAL RECORDS 595 CASTRO ST SAN FRANCISCO CA 94114

RE: MICHAEL DARDEN

AKA:

SSN: ***-**-6330

DOB: 05/05/1966

DDS CASE NUMBER: 1338575

REQUEST NUMBER: 4443833

SERVICE VENDOR NUMBER: J292496

The above-named individual has applied for disability benefits under the Social Security Act. This agency is responsible for adjudicating the claim. Your institution has been identified as a source of medical evidence for the claimant.

IDENTIFYING INFORMATION

Adm/Dschg Dates: 04/19 to present Outpatient Dates: 04/19 to present

Patient NR:

Please note that this is a request for all records during the dates of treatment period, and is not limited to records pertaining to the alleged impairments listed below.

Alleged Impairments:

MAJOR DEPRESSIVE DISORDER; GENERALIZED ANXIETY

DIS

ORDER; PANIC DISORDER; INSOMNIA; MIGRAINES;

TINNIT

US; MITRAL VALVE PROLAPSE; SPOTS BEFORE EYES;

INCLUDE THE FOLLOWING INFORMATION IF APPLICABLE:

Adm, H & P, Dchg.Sm.

Consultations

CT/MRI Reports

EKG W/Tracings

Lab Tests

Operative Notes

Outpatient Notes

Psychological Tests

MEF IH1 (12/17)

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DEA: CWFREE

DDS CASE NUMBER: 1338575 REQUEST NUMBER: 4443833

PT Progress Notes Psychiatric Consult Pathology Reports X-Ray Reports

Case 4:25-cv-00911-DMR

FOR ADULTS

We would also like to have a statement, based on your medical findings, expressing your opinion about the claimant's ability, despite the functional limitations imposed by the impairment(s) to do work-related physical and/or mental activities as appropriate:

> Physical activities such as sitting, standing, walking, lifting, carrying, handling objects, hearing, speaking and traveling.

Mental activities such as understanding and memory; sustained concentration and persistence; social interaction; and adaptation.

FOR CHILDREN

We would also like to have a statement, based on your medical findings, expressing your opinion about the child's functional limitations in learning, motor functioning, performing self-care activities, communicating, socializing, completing tasks and responsiveness to stimuli.

A reasonable fee, as determined by this agency, may be paid upon request. Your request must be in writing on a separate form and must be attached to your response. To insure prompt payment, send your report within 14 days. It is our policy to not routinely pay for medical reports received more than 90 days after the date of the first request. Enclosed is an authorization for release of information.

MR. COLTON F./K41,Disability Eval. Analyst I 510) 622-3667
THIS REQUEST IS BEING RETURNED. WE DO NOT HAVE THE
NFORMATION REQUESTED. PLEASE PROVIDE DATE LAST SEEN:

-- one medical

\$ · · · · •		Whose Records to be Disclosed NAME (First, Middle, Last, Suffix) I (Chae) Atlan Navden	
			AUTHORIZ
		AL SECURITY ADMINISTRATION (SS	
		E ENTIRE FORM, BOTH PAGES, BEFORE SIGNING BI	,
l voluntarily auti OF WHAT	orize and request disclosure (including	peper, oral, and electronic interchange) tion records and other information related to my ability	
Psychological Ps	: ogical, psychiatric or other mental impair use, alcoholism, or other substance abus	reatment, hospitalization, and outpatient care for my b neni(s) (excludes "psychotherapy notes" as defined in 45 C a	
	which may indicate the presence of a co lated impairments (including genetic test	mmunicable or noncommunicable disease; and leats for or results)	records of HIV/AIDS
Information Copies of evaluation	n about how my impairment(s) affect educational tests or evaluations, incli ns, and any other records that can be	my ability to complete tasks and activities of daily livi ding individualized Educational Programs, triennial as sevaluate function; also teachers' observations and e ate this authorization is signed, as well as past inform	nessments, psychological and speech valuations.
 All medical sources (hospitals, clinics, labs, physicians, psychologists, etc.) including mental health, correctional, addiction treatment, and VA health care facilities All educational sources (schools, teachers, records 		THIS BOX TO BE COMPLETED BY SSA/DDS (as needed). Additional information to identify the subject (e.g., other names used), the specific source, or the material to be disclosed:	
administrators, counselors, etc.) Social workers/rehabilitation counselors Consulting examiners used by SSA Employers, insurance companies, workers' compensation programs Others who may know about my condition (family, neighbors, friends, public officials)		Organization: ONE MEDICAL Vendor Address: 595 CASTRO ST SAM FRANCISCO 94114 Impatient Date: 04/19 to present Outpatient Date: 04/19 to present Patient DOS: 05/05/66 Reparks:	
MOHW O	The Social Security Administration services"), including contract copy claims, to the U.S. Department of Sta	마음하다 가게 하다 하다 하다 가게 모든데 없는데 없다면 하다 하다 그 때문에 되었다.	during the process. [Also, for international
PURPOSE	definition of disability; and whether I c	, including looking at the combined effect of any impairmer n manage such benefits. n of managing benefits ONLY (check only if this applies)	C. C
EXPIRES WHEN	This authorization is good for 12 month	s from the date signed (below my signature).	
 I understand I may write to SSA will give 	that there are some circumstances in wi o SSA and my sources to revoke this aut me a copy of this form if I ask; I may as	 o) of this form for the disclosure of the information describe ich this information may be redisclosed to other parties (se ionization at any time (see page 2 for details). the source to allow me to inspect or get a copy of material the disclosures above from the types of sources listed. 	e page 2 for details).
PLEASE SIGN USING BLUE OR BLACK INK ONLY INDIVIDUAL authorizing disclosure Signature		IF not algned by subject of disclosure, specify basis for authority to sign Parent of minor Guardian Other personal representative (explain)	
Michael	arbane	(Parent/guardian/personal representative sign here if two signatures required by State law)	
		There Like drive, Apt 307	
	ith area code) City Atam		State ZIP 9450)
Signature	I know the person signing this to	m or am satisfied of this person's identity: IF needed, second witness sign here (e.g.	if signed with "X" above)
1/100	100	(2.5)	
hone humber to	Address)	Phone Number (or Address)	

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Explanation of Form SSA-827.

"Authorization to Disclose Information to the Social Security Administration (SSA)"

We need your written authorization to help get the information required to process your claim, and to determine your capability of managing benefits. Laws and regulations require that sources of personal information have a signed authorization before releasing it to us. Also, laws require specific authorization for the release of information about certain conditions and from

You can provide this authorization by signing a form SSA-827. Federal law permits sources with information about you to release that information if you sign a single authorization to release all your information from all your possible sources. We will make copies of it for each source. A covered entity (that is, a source of medical information about you) may not condition treatment, payment, enrollment, or eligibility for benefits on whether you sign this authorization form. A few States, and some individual sources of information, require that the authorization specifically name the source that you authorize to release personal information. In those cases, we may ask you to sign one authorization for each source and we may contact you again if we need you to sign more authorizations.

You have the right to revoke this authorization at any time, except to the extent a source of information has already relied on it to take an action. To revoke, send a written statement to any Social Security Office. If you do, also send a copy directly to any of your sources that you no longer wish to disclose information about you; SSA can tell you if we identified any sources you didn't tell us about. SSA may use information disclosed prior to revocation to decide your claim.

It is SSA's policy to provide service to people with limited English proficiency in their native language or preferred mode of communication consistent with Executive Order 13166 (August 11, 2000) and the Individuals with Disabilities Education Act. SSA makes every reasonable effort to ensure that the information in the SSA-827 is provided to you in your native or preferred

Privacy Act Statement Collection and Use of Personal Information

Sections 205(a), 233(d)(5)(A), 1614(a)(3)(H)(i), 1631(d)(l) and 1631(e)(l)(A) of the Social Security Act as amended, [42 U.S.C. 405(a), 433(d)(5)(A), 1382c(a)(3)(H)(i), 1383(d)(l) and 1383(e)(l)(A)] authorize us to collect this information. We will use the information you provide to help us determine your eligibility, or continuing eligibility for benefits, and your ability to manage any benefits received. The information you provide is voluntary. However, failure to provide the requested information may prevent us from making an accurate and timely decision on your claim, and could result in denial or loss of benefits.

We rarely use the information you provide on this form for any purpose other than for the reasons explained above. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, including but not limited to the following:

- To enable a third party or an agency to assist us in establishing rights to Social Security benefits and/or coverage;
 To comply with Federal laws requiring the release of information from our records (e.g., to the Government Accountability Office, General Services Administration, National Archives Records Administration, and the Department of Veterans Affairs);
 To make determinations for eligibility in similar health and income maintenance programs at the

Federal, State, and local level, and

4. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity and improvement of our programs (e.g., to the U.S. Census Bureau and to private entities under contract with us).

We may also use the information you provide in computer matching programs.

Matching programs compare our records with records kept by other Federal, State, or local government agencies. We use the information from these programs to establish or verify a person's eligibility for Federally funded or administered benefit programs and for repayment of incorrect payments or delinquent debts under these programs.

socialsecurity gov or at any Social Security office.

PAPERWORK REDUCTION ACT

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 10 minutes to read the instructions, gather the facts, and answer the questions. SEND OR BRING IN THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. You can find your local Social Security office through SSA's website at www.socialsecurity.gov. Offices are also listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (ITY 1-800-325-0778). You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.

Form SSA-827 (11-2012) ef (11-2012)

Page 2 of 2

:: one medical

595 Castro Street San Francisco, CA 94114 Phone: 888-663-6331 . Fax: 888-663-6331

Office Visit Note Type

Date of Service Mon Nov 08 2021 @ 10:25 AM

Created By Emanuel Vergis, MD (NPI: 1962478495) Signed By Emanuel Vergis, MD (NPI: 1962478495)

Mon Nov 08 2021 @ 10:42 AM Date Signed

Subjective

Confirmed name and date of birth with patient

Patient verbally consented to virtual care

Visit held virtually due to efforts to reduce the spread of the COVID-19 virus

Michael presents for follow-up:

- 1. seems to be responding to bupropion; meets with his psychiatrist in December. Dr. Jillian will be assuming responsibility for EDD paperwork as well as continuing Anthem long term disability paperwork;
- 2. meets with his therapist Q weekly on Mondays;
- 3. met with Dr. Maska (neurologist) who recommended NURTEC (rimegepant) for migraine prophylaxis; PA is pending;

Generally feels about the same overall;

Exam

I did not examine Michael today and spent the majority of the time reviewing and coordination the care plan with him.

Procedures & Services

Assessment & Plan

Severe depression - F32.2

5/17/2021:

See A/P Generalized anxiety disorder

7/26/2021: See A/P Generalized anxiety disorder

check TSH, RPR

7/28/2021:

F/U PHQ-9 score is 25;

no change from prior survey;

will discuss dose adjustment for LEXAPRO, but this is something that his psychiatrist needs to decide;

Overall no change in his status;

Switched to bupropion from escitalopram per his psychiatrist;

EDD form to reflect anticipated return to work in mid January;

F/U with me in ~ 4 weeks;

11/8/2021:

Overall no change in status, but seems to think that bupropion is making a difference for him;

He plans to see his psychiatrist in December;

EDD paperwork to transition to Dr. Jillian for him to manage;

Check in with me in December;

Vestibular migraine - G43.809

Characterized by dizziness, tinnitus;

10/11/2021:

he has noticed an uptick in headaches; will identify an in-network provider for this; discussed magnesium and B2 as preventatives;

118/2021:

Follow-up with neurology;

prior authorization for rimegepant pending;

: one medical

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END - Office Visit

BEGIN - Office Visit

Chief Complaint REMOTE VISIT 10-11-2021: ANXIETY, DEPRESSION, PANIC DISORDER

Note Type

Office Visit

Date of Service Mon Oct 11 2021 @ 10:25 AM

Emanuel Vergis, MD (NPI: 1962478495)

Created By Signed By

Emanuel Vergis, MD (NPI: 1962478495)

Date Signed

Mon Oct 11 2021 @ 10:52 AM

Subjective

Confirmed name and date of birth with patient

Patient verbally consented to virtual care

Visit held virtually due to efforts to reduce the spread of the COVID-19 virus

Presents to discuss ongoing issues (family);

Recent increase in stress and anxiety stemming from taking care of his elderly mother;

Other family members are triggering worsening of his symptoms and leaves him feeling overwhelmed;

His psychiatrist switched him to bupropion ER 150 mg per day from escitalopram;

He anticipates returning to work in mid January 2022;

Separately, notes that his migraine headaches are back;

He had an extensive evaluation of this in the past;

Will identify an in-network provider for him to see;

Exam

I did not examine Michael today and spent the majority of the time reviewing and coordination the care plan with him.

Procedures & Services

Assessment & Plan

Generalized anxiety disorder - F41.1

5/17/2021:

Started seeing a psychiatrist who increased the dose of escitalopram to 10 mg per day;

Follow-up scheduled with psychiatry later this week;

Scheduled f/u with me in 2-3 weeks;

6/16/2021:

dose of escitalopram 5 mg (decreased from 10 mg) and clonazepam 0.5 mg qday was started;

Follow-up with psychiatry;

Scheduled follow-up with me in one month;

SSDI to be completed by psychiatry (??);

7/20/2021:

Repeat GAD-7 survey;

Continue escitalopram/clonazepam;

Follow-up with me in 2-4 weeks:

updated return to work date to be mid October in the EDD website;

7/23/2021:

recent GAD-7 score is 21 which is unchanged from 4/23;

Question efficacy of treatment versus need for more intense therapy

7/26/2021:

continue with escitalopram 15 mg po QDAY;

no changes planned with medication doses according to his psychiatrist;

presumed component of PTSD;

I asked him to inquire if other modalities are being considered for treatment such as EMDR;

10/11/2021:

see A/P Severe depression;

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Panic disorder - F41.0

See A/P Severe depression

Severe depression - F32.2

5/17/2021:

See A/P Generalized anxiety disorder

7/26/2021: See A/P Generalized anxiety disorder

check TSH, RPR

7/28/2021:

F/U PHQ-9 score is 25;

no change from prior survey;

will discuss dose adjustment for LEXAPRO, but this is something that his psychiatrist needs to decide;

10/11/2021:

Overall no change in his status;

Switched to bupropion from escitalopram per his psychiatrist;

EDD form to reflect anticipated return to work in mid January;

F/U with me in ~ 4 weeks;

Vestibular migraine - G43.809

Characterized by dizziness, tinnitus;

10/11/2021:

he has noticed an uptick in headaches; will identify an in-network provider for this; discussed magnesium and B2 as preventatives;

After Visit Guidance To Patient

Hi Michael,

Thank you for the updates today. For your headaches consider starting magnesium 400 mg once daily and ribotlavin 400 mg once daily. These are used as a means to prevent migraines.

END - Office Visit

BEGIN - Official Letter

Note Title

NON - COVID Excuse Note - Work / Sick /

School

Note Type Official Letter

Date of

Tue Sep 28 2021 @ 07:01 AM

Service Created By

Emanuel Vergis, MD (NPI: 1962478495) Emanuel Vergis, MD (NPI: 1962478495)

Signed By Date Signed

Tue Sep 28 2021 @ 07:02 AM

500